

2-N⁺

8-Numero da Carteira	9-Plano	10-Empresa	11-Dona Validada da Carteira	12-Numero do Cartão Nacional do Saúde
0 0 2 0 2 5 2 4 4 4 4 7 9 0 0 0 0 5 0 0 3	POS REDE PRESTADORA	ARAUCO FOREST BRASIL SA	____/____/____	

1348086	QUEMIL DE ARAUO	20/10/2005	de telefonia () - - - - - () - - - - -	ANTONIO ESTEVAO DE ARAUJO NETO
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16-Instruimento a RN N	17-Nome do Profissional Solicitante IDENISE FANTON OREFFICE	18-Número no CRO 46356	19-UF SP	20-Código CBO S	025 - Faturar Empresa
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[illegible]

DENISE TAVANOLLO		4000					
Plano de Treinamento - Provas finais Seleções							
12-Dez-2010	34-Pura	35-Ofd	36-Invulsa/LS	37-Vitor			
13-Out-2010	34-Pura	35-Ofd	36-Invulsa/LS	37-Vitor			
14-Out-2010	34-Pura	35-Ofd	36-Invulsa/LS	37-Vitor			
15-Out-2010	34-Pura	35-Ofd	36-Invulsa/LS	37-Vitor			
16-Out-2010	34-Pura	35-Ofd	36-Invulsa/LS	37-Vitor			
17-Out-2010	34-Pura	35-Ofd	36-Invulsa/LS	37-Vitor			
18-Out-2010	34-Pura	35-Ofd	36-Invulsa/LS	37-Vitor			
19-Out-2010	34-Pura	35-Ofd	36-Invulsa/LS	37-Vitor			
20-Out-2010	34-Pura	35-Ofd	36-Invulsa/LS	37-Vitor			
21-Out-2010	34-Pura	35-Ofd	36-Invulsa/LS	37-Vitor			
22-Out-2010	34-Pura	35-Ofd	36-Invulsa/LS	37-Vitor			
23-Out-2010	34-Pura	35-Ofd	36-Invulsa/LS	37-Vitor			
24-Out-2010	34-Pura	35-Ofd	36-Invulsa/LS	37-Vitor			
25-Out-2010	34-Pura	35-Ofd	36-Invulsa/LS	37-Vitor			
26-Out-2010	34-Pura	35-Ofd	36-Invulsa/LS	37-Vitor			
27-Out-2010	34-Pura	35-Ofd	36-Invulsa/LS	37-Vitor			
28-Out-2010	34-Pura	35-Ofd	36-Invulsa/LS	37-Vitor			
29-Out-2010	34-Pura	35-Ofd	36-Invulsa/LS	37-Vitor			
30-Out-2010	34-Pura	35-Ofd	36-Invulsa/LS	37-Vitor			
31-Out-2010	34-Pura	35-Ofd	36-Invulsa/LS	37-Vitor			
32-Out-2010	34-Pura	35-Ofd	36-Invulsa/LS	37-Vitor			
33-Out-2010	34-Pura	35-Ofd	36-Invulsa/LS	37-Vitor			
34-Out-2010	34-Pura	35-Ofd	36-Invulsa/LS	37-Vitor			
35-Out-2010	34-Pura	35-Ofd	36-Invulsa/LS	37-Vitor			
36-Out-2010	34-Pura	35-Ofd	36-Invulsa/LS	37-Vitor			
37-Out-2010	34-Pura	35-Ofd	36-Invulsa/LS	37-Vitor			
38-Out-2010	34-Pura	35-Ofd	36-Invulsa/LS	37-Vitor			
39-Out-2010	34-Pura	35-Ofd	36-Invulsa/LS	37-Vitor			
40-Out-2010	34-Pura	35-Ofd	36-Invulsa/LS	37-Vitor			
41-Out-2010	34-Pura	35-Ofd	36-Invulsa/LS	37-Vitor			
42-Out-2010	34-Pura	35-Ofd	36-Invulsa/LS	37-Vitor			
43-Out-2010	34-Pura	35-Ofd	36-Invulsa/LS	37-Vitor			
44-Out-2010	34-Pura	35-Ofd	36-Invulsa/LS	37-Vitor			
45-Out-2010	34-Pura	35-Ofd	36-Invulsa/LS	37-Vitor			
46-Out-2010	34-Pura	35-Ofd	36-Invulsa/LS	37-Vitor			
47-Out-2010	34-Pura	35-Ofd	36-Invulsa/LS	37-Vitor			
48-Out-2010	34-Pura	35-Ofd	36-Invulsa/LS	37-Vitor			
49-Out-2010	34-Pura	35-Ofd	36-Invulsa/LS	37-Vitor			
50-Out-2010	34-Pura	35-Ofd	36-Invulsa/LS	37-Vitor			
51-Out-2010	34-Pura	35-Ofd	36-Invulsa/LS	37-Vitor			
52-Out-2010	34-Pura	35-Ofd	36-Invulsa/LS	37-Vitor			
53-Out-2010	34-Pura	35-Ofd	36-Invulsa/LS	37-Vitor			
54-Out-2010	34-Pura	35-Ofd	36-Invulsa/LS	37-Vitor			
55-Out-2010	34-Pura	35-Ofd	36-Invulsa/LS	37-Vitor			
56-Out-2010	34-Pura	35-Ofd	36-Invulsa/LS	37-Vitor			
57-Out-2010	34-Pura	35-Ofd	36-Invulsa/LS	37-Vitor			
58-Out-2010	34-Pura	35-Ofd	36-Invulsa/LS	37-Vitor			
59-Out-2010	34-Pura	35-Ofd	36-Invulsa/LS	37-Vitor			
60-Out-2010	34-Pura	35-Ofd	36-Invulsa/LS	37-Vitor			
61-Out-2010	34-Pura						

[illegible]

Declaro que após ter sido devidamente esclarecido sobre os procedimentos, riscos, custos e alternativas de tratamento, compreendo e assumo a responsabilidade de cumprir as orientações do profissional assistente e aceitar, com os custos previstos, Decisão, ainda que o(s) procedimento(s) diagnóstico(s) seja, e por mim assinado(s), o(s) tratamento(s) realizado(s) com meu consentimento e de forma satisfatória. Autorizo a Operadora a pagar em meu nome e por minha conta, ao profissional contratado que assina esse documento, as diferenças no tratamento realizado, comprometendo-se a arcar com os custos conforme previsto em contrato.

40-Observação
Imagens analisadas

Dr. Dentista Falla
Cirugia Dentista
CROSP 46356 - CROPR 8368