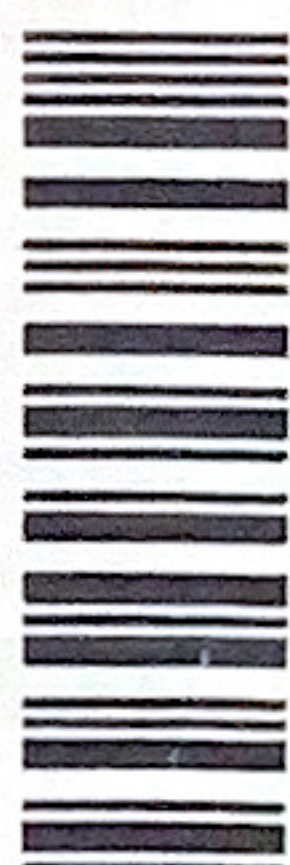


GUIA DE TRATAMENTO ODONTOLÓGICO

2-Nº



1-Registro ANS 406414 3-Data de Emissão da Guia 02/01/2011 4-Data de Autorização 02/01/2011 5-Senha AUTORIZADO 6-Número da Guia Principal 8226721 7-Data Validade da Senha 02/01/2011 460588 INTERCÂMBIO

8-Plano

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POS REDE PRESTADORA

10-Empresa KRONA TUBOS E CONEXÕES DO

11-Data Validade da Carteira

12-Número do Cartão Nacional de Saúde

13-Nome ANA BEATRIZ FERREIRA MEIRA

06/12/2010

14-Teléfono

15-Nome do titular do plano JOSE ALEXANDRE FERREIRA

16-Atendimento a RN

17-Nome do Profissional Solicitante THAYSLANE SILVA GUEDES

18-Número no CRO 4687

19-UF AL

20-Código CBO S

025 -

Faturar Empresa

21-Código na Operadora / CNPJ / CPF

111541525450

22-Nome do Contratado Executante THAYSLANE SILVA GUEDES

23-Número no CRO 4687

24-UF AL

25-Código CNES

26-Nome do Profissional Executante

THAYSLANE SILVA GUEDES

27-Número no CRO 4687

28-UF AL

29-Código CBO S

Plano de Tratamento / Procedimentos Solicitados

30-Tabela 31-Código do Procedimento

10084000090 APLICAÇÃO TÓPICA DE FLUOR

33-Dente/Região 34-Face 35-Qtd 36-Quantidade US

37-Valor

38-Franquia/Co-participação R\$

39-Aut

40-Data de Realização

41-Motivo da Glosa 42-Assinatura

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