



RITA DE CASSIA FERREIRA	25/11/1980	(L) LLL.LLL	GILMAR VAZ FERREIRA
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Dados do Contratado Responsável pelo Tratamento

21-Código na Operadora / CNPJ / CPF	8991612918271151
22-Nome do Contratado Excecuinte	RENATA PINTO SARDENBERG COSTA
23-Número no CRO	16213
24-Uf	RJ
25-Código CNES	
Enviar - RX (I) 81000421-	

26-Noma do Profissional Exaltante	27-Número no CRO	28-Uf	29-Código CBO S
RENATA PINTO SARDENBERG COSTA	16213	RJ	

Plano de Tratamiento / Procedimientos Solicitados:

30 - Área	31 - Código do Processamento
32 - Descrição	33 - Data/Região
34 - Freq	35 - Cód
36 - Quantidade US	37 - Valor
38 - Freq/Quantidade Regiao RS	39 - Anl
40 - Data de Realização	41 - Motivo da Glisa
42 - Agrupamento	

CONSOLA ODONTOLOGICA

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Project	Year	Phase	Start Date	End Date	Status	Progress (%)	Issues	Comments
Project A	2023	Phase 1	2023-01-01	2023-03-31	Completed	100	None	On schedule
		Phase 2	2023-04-01	2023-06-30	In Progress	75	Minor	Minor delays
		Phase 3	2023-07-01	2023-09-30	Not Started	0	None	Waiting for resources
		Phase 4	2023-10-01	2023-12-31	Not Started	0	None	Waiting for resources
Project B	2024	Phase 1	2024-01-01	2024-03-31	Completed	100	None	On schedule
		Phase 2	2024-04-01	2024-06-30	In Progress	50	Major	Significant delays
		Phase 3	2024-07-01	2024-09-30	Not Started	0	None	Waiting for resources
		Phase 4	2024-10-01	2024-12-31	Not Started	0	None	Waiting for resources

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Original document	Document identifier	Document type	Document date	Document title	Document author	Document subject	Document keywords	Document abstract	Document body	Document conclusion	Document references	Document notes	Document comments	Document status	Document version	Document history	Document metadata	Document tags	Document links	Document actions
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21

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Question	Yes	No	Don't know	Refused	Other
1. Have you ever been in a relationship with someone who is not your spouse or partner?					
2. If yes, how many times?					
3. How long was the relationship?					
4. How did you feel about the relationship?					
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44-Dia Previsto término Tratamiento	
44-Tipo de Alejamiento	
45-Tipo de Puntamento	
46-Total Oculante US	
47-Volc Total RS	
48-Total Frenología Oculificante RS	

	1-Paralelo	2-Paralelo	Total
1-Elemento Odontológico	0	0	0
2-Exame Radiológico	9	2	11
3-Citodiagnóstico	0	0	0
4-Urgência/Emergência	0	0	0

Dedarei, que após ter sido devidamente esclarecido sobre os propósitos, riscos, custos e alternativas de tratamento, conforme acima apresentadas, aceito e autorizo a execução do tratamento, comprometendo-me a cumprir as orientações do profissional assistente e arcar com os custos previstos.

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40 October 2020

[https://doi.org/10.1016/j.jmb.2019.07.008](#)

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53-Data, local e Assinatura do Beneficiário / Responsável

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