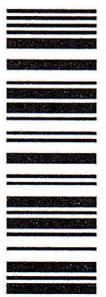


GUIA DE TRATAMENTO ODONTOLÓGICO

2-Nº

3485586
INTERCAMBIO



Nº Registre este Guia

1-Registro ANS

406414

3-Data de Emissão da Guia

30/10/2010

4-Data de Autorização

30/10/2010

5-Senha

AUTORIZADO

6-Número da Guia Principal

50180414

7-Data Validação da Senha

28/10/2010

12-Número do Cartão Nacional de Saúde

706401180643089

Dados do Beneficiário

13-Nome

RAPHAEL GRANNEIRO RANGEL DA CUN

14-Alendamento a RN

1 1 6 2 9 0 2 6 7 1 9 1

15-Nome do Profissional Responsável pelo Tratamento

BERNARDO CAMPOS MACHADO

16-Código na Operadora CNPJ/CPF

1 1 6 2 9 0 2 6 7 1 9 1

17-Nome do Profissional Solicitante

BERNARDO CAMPOS MACHADO

18-Nome do Consultado Executante

BERNARDO CAMPOS MACHADO

19-Nome no CRM

37194

20-Código CBO S

801 -

Faturar Empresa

21-Nome do Titular do plano

CARLA GRANNEIRO LACERDA

22-Nome do Consultado Executante

CARLA GRANNEIRO LACERDA

23-Número no CRM

37194

24-Código ONES

SI03/DR/20

25-Código CBO S

SI03/DR/20

26-Nome do Profissional Executante

CARLA GRANNEIRO LACERDA

27-Número no CRM

37194

28-Código CBO S

SI03/DR/20

29-Código CBO S

SI03/DR/20

Dados do Tratamento / Procedimentos Solicitados

30-Tableta 31-Código do Procedimento

32-Descrição

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

1-0 0 1 8 1 0 0 0 6 5 1

CONSULTA ODONTOLOGICA

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