

Planejamento Inicial de Tratamento Ortodôntico

Código Beneficiário: 002025655138 00000101

Beneficiário: José Carlos da Silva

Titular:

Dentista: Andersen Coutinho Felício

CRO/UF: 14941 SC

Dentição:	Permanente (☒)	Mista ()	Decídua ()			
Classificação de Angle:	Classe I ()	Classe II ()	Divisão 1ª ()	Subdivisão Direita ()	Classe III ()	Subdivisão Direita ()
			Divisão 2ª ()	Subdivisão Esquerda ()		Subdivisão Esquerda ()
Relação Canina:	Direita I (☒) II () III ()	Esquerda I () II () III (☒)				
Linha Média:	Coincidente ()	Desvio Superior:	Direita ()	Desvio Inferior:	Direita (☒)	
			Esquerda ()		Esquerda ()	
Relação Transversal:	Normal ()	Cruzada (☒)	Região	Anterior (☒)	Unilateral ()	Bilateral (☒)
				Posterior (☒)		
Overjet:	Normal	Positivo ()	Acentuado ()	Normal ()	Positivo ()	Acentuado ()
		Negativo ()	Moderado ()	Overbite:	Negativo ()	Moderado ()
			Leve ()			Leve ()
Inclinação Dentária:	Superior	Alta (☒)	Baixa ()	Normal ()		
	Inferior	Alta (☒)	Baixa ()	Normal ()		
Maxila:	Protruída ()	Retruída (☒)	Bem Posicionada	Protruída (☒)	Retruída ()	Bem Posicionada ()
			Mandíbula ()			
Apinhamento:	Sim ()	18 17 16 15 14 13 12 11 21 22 23 24 25 26 27 28	Diastemas	Sim ()	18 17 16 15 14 13 12 11 21 22 23 24 25 26 27 28	
	Não ()	48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38	:	Não ()	48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38	
Reabsorção Óssea:	Sim ()	18 17 16 15 14 13 12 11 21 22 23 24 25 26 27 28	Radicular:	Sim ()	18 17 16 15 14 13 12 11 21 22 23 24 25 26 27 28	
	Não ()	48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38		Não ()	48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38	
Discrepância de Modelos:	Superior (em mm)			Inferior (em mm):		
Dor ou Ruído Articular:	Direita (☒)	Dor Muscular	Direita (☒)			
	Esquerda (☒)		Esquerda (☒)			
Necessidade de Tratamento Complementar:	Não (☒)					
	Sim ()	Fonoaudiologia ()	Otorrinolaringologia ()	Cirurgia Ortognática ()	Implantes ()	Pré Protéticas ()

Queixa Principal do

Plano de Tratamento: Preventiva () Interceptiva () Ortopédica () Corretiva (X)

Aparatologia: *fixa* Ortopédica Funcional () Fixa () Ortopédica Extra Oral () Removível ()

Descrever Técnica: *216/12, 18/10, 22/10, 26/10, 28/10, 30/10, 31/10, 32/10, 33/10, 34/10, 35/10, 36/10, 37/10, 38/10, 39/10, 40/10, 41/10, 42/10, 43/10, 44/10, 45/10, 46/10, 47/10, 48/10, 49/10, 50/10, 51/10, 52/10, 53/10, 54/10, 55/10, 56/10, 57/10, 58/10, 59/10, 60/10, 61/10, 62/10, 63/10, 64/10, 65/10, 66/10, 67/10, 68/10, 69/10, 70/10, 71/10, 72/10, 73/10, 74/10, 75/10, 76/10, 77/10, 78/10, 79/10, 80/10, 81/10, 82/10, 83/10, 84/10, 85/10, 86/10, 87/10, 88/10, 89/10, 90/10, 91/10, 92/10, 93/10, 94/10, 95/10, 96/10, 97/10, 98/10, 99/10, 100/10, 101/10, 102/10, 103/10, 104/10, 105/10, 106/10, 107/10, 108/10, 109/10, 110/10, 111/10, 112/10, 113/10, 114/10, 115/10, 116/10, 117/10, 118/10, 119/10, 120/10, 121/10, 122/10, 123/10, 124/10, 125/10, 126/10, 127/10, 128/10, 129/10, 130/10, 131/10, 132/10, 133/10, 134/10, 135/10, 136/10, 137/10, 138/10, 139/10, 140/10, 141/10, 142/10, 143/10, 144/10, 145/10, 146/10, 147/10, 148/10, 149/10, 150/10, 151/10, 152/10, 153/10, 154/10, 155/10, 156/10, 157/10, 158/10, 159/10, 160/10, 161/10, 162/10, 163/10, 164/10, 165/10, 166/10, 167/10, 168/10, 169/10, 170/10, 171/10, 172/10, 173/10, 174/10, 175/10, 176/10, 177/10, 178/10, 179/10, 180/10, 181/10, 182/10, 183/10, 184/10, 185/10, 186/10, 187/10, 188/10, 189/10, 190/10, 191/10, 192/10, 193/10, 194/10, 195/10, 196/10, 197/10, 198/10, 199/10, 200/10, 201/10, 202/10, 203/10, 204/10, 205/10, 206/10, 207/10, 208/10, 209/10, 210/10, 211/10, 212/10, 213/10, 214/10, 215/10, 216/10, 217/10, 218/10, 219/10, 220/10, 221/10, 222/10, 223/10, 224/10, 225/10, 226/10, 227/10, 228/10, 229/10, 230/10, 231/10, 232/10, 233/10, 234/10, 235/10, 236/10, 237/10, 238/10, 239/10, 240/10, 241/10, 242/10, 243/10, 244/10, 245/10, 246/10, 247/10, 248/10, 249/10, 250/10, 251/10, 252/10, 253/10, 254/10, 255/10, 256/10, 257/10, 258/10, 259/10, 260/10, 261/10, 262/10, 263/10, 264/10, 265/10, 266/10, 267/10, 268/10, 269/10, 270/10, 271/10, 272/10, 273/10, 274/10, 275/10, 276/10, 277/10, 278/10, 279/10, 280/10, 281/10, 282/10, 283/10, 284/10, 285/10, 286/10, 287/10, 288/10, 289/10, 290/10, 291/10, 292/10, 293/10, 294/10, 295/10, 296/10, 297/10, 298/10, 299/10, 300/10, 301/10, 302/10, 303/10, 304/10, 305/10, 306/10, 307/10, 308/10, 309/10, 310/10, 311/10, 312/10, 313/10, 314/10, 315/10, 316/10, 317/10, 318/10, 319/10, 320/10, 321/10, 322/10, 323/10, 324/10, 325/10, 326/10, 327/10, 328/10, 329/10, 330/10, 331/10, 332/10, 333/10, 334/10, 335/10, 336/10, 337/10, 338/10, 339/10, 340/10, 341/10, 342/10, 343/10, 344/10, 345/10, 346/10, 347/10, 348/10, 349/10, 350/10, 351/10, 352/10, 353/10, 354/10, 355/10, 356/10, 357/10, 358/10, 359/10, 360/10, 361/10, 362/10, 363/10, 364/10, 365/10, 366/10, 367/10, 368/10, 369/10, 370/10, 371/10, 372/10, 373/10, 374/10, 375/10, 376/10, 377/10, 378/10, 379/10, 380/10, 381/10, 382/10, 383/10, 384/10, 385/10, 386/10, 387/10, 388/10, 389/10, 390/10, 391/10, 392/10, 393/10, 394/10, 395/10, 396/10, 397/10, 398/10, 399/10, 400/10, 401/10, 402/10, 403/10, 404/10, 405/10, 406/10, 407/10, 408/10, 409/10, 410/10, 411/10, 412/10, 413/10, 414/10, 415/10, 416/10, 417/10, 418/10, 419/10, 420/10, 421/10, 422/10, 423/10, 424/10, 425/10, 426/10, 427/10, 428/10, 429/10, 430/10, 431/10, 432/10, 433/10, 434/10, 435/10, 436/10, 437/10, 438/10, 439/10, 440/10, 441/10, 442/10, 443/10, 444/10, 445/10, 446/10, 447/10, 448/10, 449/10, 450/10, 451/10, 452/10, 453/10, 454/10, 455/10, 456/10, 457/10, 458/10, 459/10, 460/10, 461/10, 462/10, 463/10, 464/10, 465/10, 466/10, 467/10, 468/10, 469/10, 470/10, 471/10, 472/10, 473/10, 474/10, 475/10, 476/10, 477/10, 478/10, 479/10, 480/10, 481/10, 482/10, 483/10, 484/10, 485/10, 486/10, 487/10, 488/10, 489/10, 490/10, 491/10, 492/10, 493/10, 494/10, 495/10, 496/10, 497/10, 498/10, 499/10, 500/10, 501/10, 502/10, 503/10, 504/10, 505/10, 506/10, 507/10, 508/10, 509/10, 510/10, 511/10, 512/10, 513/10, 514/10, 515/10, 516/10, 517/10, 518/10, 519/10, 520/10, 521/10, 522/10, 523/10, 524/10, 525/10, 526/10, 527/10, 528/10, 529/10, 530/10, 531/10, 532/10, 533/10, 534/10, 535/1*

Declaro conhecer e concordar com o tratamento proposto acima e autorizo a Odontolife a realizar auditoria dos serviços executados sempre que julgar necessário.

23/05/2023
Data da Consulta Inicial

Assinatura Beneficiário

Declaro que as informações descritas neste documento são verdadeiras e me responsabilizo integralmente por elas.

23 / 05 / 2022
Data

Data

Assinatu

Dr. Anderson C. Felicio
Clínica Geral, Ortodontista, Endodontia
CRO/SC 14941