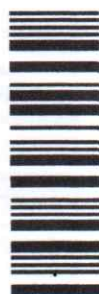


GUIA DE TRATAMENTO ODONTOLÓGICO

2-Nº



363331
INTERCÂMBIO

1-Registro ANS 406414 3-Data de Emissão da Guia 12/5/10 8/12/0 4-Data de Autorização 12/8/10 8/12/0 5-Senha AUTORIZADO 6-Número da Guia Principal 7818347 7-Data Validade da Senha 12/3/11 1/2/0

8-Número da Carteira

10-0202012530735600000101 10-Plano POS REDE PRESTADORA 10-Empresa DENTAL UNI COOPERATIVA 11-Data Validade da Carteira 12-Número do Cartão Nacional da Saúde

13-Nome FABIO JUNIOR CAMBRAIA

24/07/1980

14-Telefone

15-Nome do titular do plano FABIO JUNIOR CAMBRAIA

16-Atendimento a RN

17-Nome do Profissional Solicitante ALESSANDRA BRITO LOBATO

18-Número no CRO 563

19-UF AP

20-Código CEO S

025 - Faturar Empresa

21-Código na Operadora / CNPJ / CPF

22-Nome do Contratado Executante ALESSANDRA BRITO LOBATO

23-Número no CRO 563

24-UF AP

25-Código CNES

26-Nome do Profissional Executante ALESSANDRA BRITO LOBATO

27-Número no CRO 563

28-UF AP

29-Código CEO S

Envia - RX (1F) 85200166-21 (1F) 85200166-11

26-Nome do Profissional Executante ALESSANDRA BRITO LOBATO

27-Número no CRO 563

28-UF AP

29-Código CEO S

Envia - RX (1F) 85200166-21 (1F) 85200166-11

Plano de Tratamento / Procedimentos Solicitados

30-Tabela 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 Class 42-Assinatura

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