CERON
Eletrobrás

GUIA TRATAMENTO ODONTOLÓGICO - SOLICITAÇÃO

2- Nº **000000070000**

1 - Registro ANS	3 - Data de Emissão da Guia	4 - Data da Autorização	5-Senha	6 - Data Validade da Senha
	|___|___| / |___|___| / |___|___|	|___|___| / |___|___| / |___|___|		|___|___| / |___|___| / |___|___|

Dados do Beneficiário

7 - Número da Carteira	8- Plano	9- Empresa	10 - Data Validade da Carteira	11 - Número do Cartão Nacional de Saúde
|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|			|___|___| / |___|___| / |___|___|	

12 - Nome	13 - Telefone	14 - Nome do titular do plano
	(|___|___|)|___|___|___|___|-|___|___|___|___|	

Dados do Contratado Solicitante

15 - Código na Operadora / CNPJ / CPF	16 - Nome do Contratado	17 - Número no CRO	18 - UF	19 - Código CNES
|___|___|___|___|___|___|___|___|___|___|___|___|___|___|				

20 - Nome do Profissional Solicitante	21 - Número no CRO	22 - UF	23 - Código CBO S

Situação Inicial

Situação inicial																
Permanentes	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
Decíduos				55	54	53	52	51	61	62	63	64	65			
Decíduos				85	84	83	82	81	71	72	73	74	75			
Permanentes	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
Situação inicial																

24 - Sinais clínicos de doença periodontal? |___| Sim |___| Não	25 - Alteração dos tecidos moles? |___| Sim |___| Não

LEGENDA E OBSERVAÇÕES SOBRE A SITUAÇÃO INICIAL

SITUAÇÃO INICIAL:
A - Ausente
E - Extração Indicada
H - Hígido
C - Cariado
R - Restaurado

26 - Observações

Plano de Tratamento / Procedimentos Solicitados

	27-Tabela	28 - Código do Procedimento	29 - Descrição	30-Dente/Região	31-Face	32-Qtd	33-Quantidade US	34-Valor R$	35-Franquia/Co-participação R$	36-Aut
1-	|___|	|___|___|___|___|___|___|___|___|___|___|		|___|___|	|___|___|	|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|
2-	|___|	|___|___|___|___|___|___|___|___|___|___|		|___|___|	|___|___|	|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|
3-	|___|	|___|___|___|___|___|___|___|___|___|___|		|___|___|	|___|___|	|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|
4-	|___|	|___|___|___|___|___|___|___|___|___|___|		|___|___|	|___|___|	|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|
5-	|___|	|___|___|___|___|___|___|___|___|___|___|		|___|___|	|___|___|	|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|
6-	|___|	|___|___|___|___|___|___|___|___|___|___|		|___|___|	|___|___|	|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|
7-	|___|	|___|___|___|___|___|___|___|___|___|___|		|___|___|	|___|___|	|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|
8-	|___|	|___|___|___|___|___|___|___|___|___|___|		|___|___|	|___|___|	|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|
9-	|___|	|___|___|___|___|___|___|___|___|___|___|		|___|___|	|___|___|	|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|
10-	|___|	|___|___|___|___|___|___|___|___|___|___|		|___|___|	|___|___|	|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|
11-	|___|	|___|___|___|___|___|___|___|___|___|___|		|___|___|	|___|___|	|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|
12-	|___|	|___|___|___|___|___|___|___|___|___|___|		|___|___|	|___|___|	|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|
13-	|___|	|___|___|___|___|___|___|___|___|___|___|		|___|___|	|___|___|	|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|
14-	|___|	|___|___|___|___|___|___|___|___|___|___|		|___|___|	|___|___|	|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|

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

37 - Total Quantidade US	38 - Valor Total R$	39 - Total Franquia / Co-participação R$
|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|

40 - Observação

41 - Data, local e Assinatura do Cirurgião-Dentista	42 - Data, local e Assinatura do Associado / Responsável	43-Data, local e Carimbo da Empresa
|___|___| / |___|___| / |___|___|	|___|___| / |___|___| / |___|___|	|___|___|/|___|___|/|___|___|