GUIA DE AUDITORIA ODONTOLÓGICA

2- Nº

1 - Registro ANS	3 - Número da Guia TISS:	4 - Data Emissão da Guia	5 - Plano
35.288-8		|___|___| / |___|___| / |___|___|	NUCLEP

Dados do Beneficiário

6 - Número da Carteira	7 - Nome
|___|___|___|___|___|___|___|___|___|___|	

8 - Telefone de Contato	9 - Nome do titular do plano
(|___|___|)|___|___|___|___|-|___|___|___|___|	

Dados do Contratado

10 - CPF	11 - Nome do Auditor
|___|___|___|___|___|___|___|___|___|___|___|	

Tratamentos Não Autorizados

	12-Tabela	13 - Código do Procedimento	14- Descrição	15-Dente/Região	16-Face	17-Qtd
1-	|___|___|	|___|___|___|___|___|___|___|___|___|___|	_____	|_____|	|_____|	|___|___|
2-	|___|___|	|___|___|___|___|___|___|___|___|___|___|	_____	|_____|	|_____|	|___|___|
3-	|___|___|	|___|___|___|___|___|___|___|___|___|___|	_____	|_____|	|_____|	|___|___|
4-	|___|___|	|___|___|___|___|___|___|___|___|___|___|	_____	|_____|	|_____|	|___|___|
5-	|___|___|	|___|___|___|___|___|___|___|___|___|___|	_____	|_____|	|_____|	|___|___|
6-	|___|___|	|___|___|___|___|___|___|___|___|___|___|	_____	|_____|	|_____|	|___|___|
7-	|___|___|	|___|___|___|___|___|___|___|___|___|___|	_____	|_____|	|_____|	|___|___|
8-	|___|___|	|___|___|___|___|___|___|___|___|___|___|	_____	|_____|	|_____|	|___|___|
9-	|___|___|	|___|___|___|___|___|___|___|___|___|___|	_____	|_____|	|_____|	|___|___|
10-	|___|___|	|___|___|___|___|___|___|___|___|___|___|	_____	|_____|	|_____|	|___|___|

18 - Perícia Inicial

\|___\| Sim \|___\| Não

19 - Perícia Intermediária

\|___\| Sim \|___\| Não

20 - Perícia Final

\|___\| Sim \|___\| Não

21 - Observação

_____

_____

_____

_____

22 - Data, local e Assinatura do Aditoria	23 - Data, local e Assinatura do Beneficiário / Responsável	24 - Data, local e Carimbo da Empresa
|___|___| / |___|___| / |___|___|	|___|___| / |___|___| / |___|___|	|___|___|/|___|___|/|___|___|