Nome: _____

Residência: _____ Telefone: _____

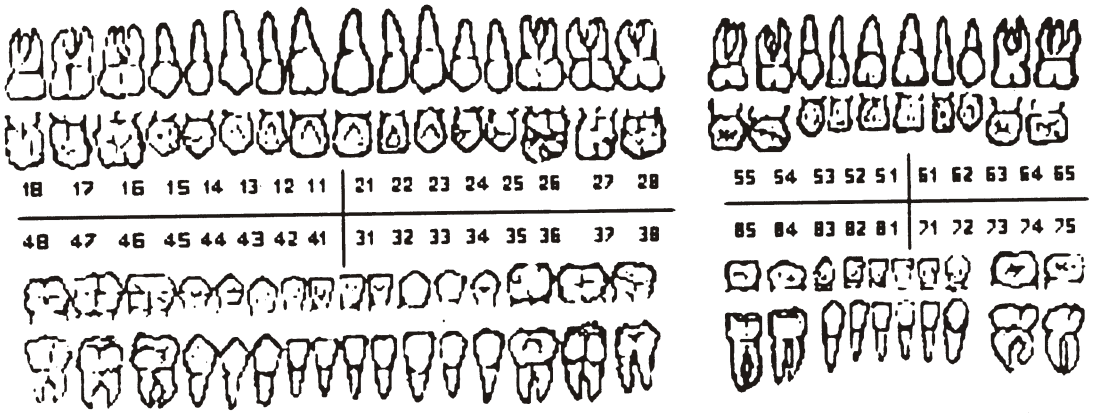
Cidade: _____

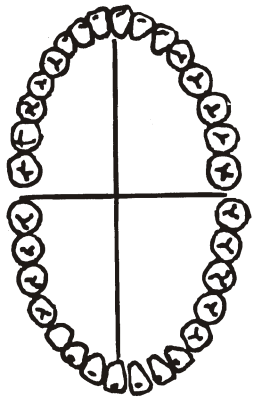
Início Tratamento: ____ / ____ / ____ Término: ____ / ____ / ____

CEO - Centro de Especialidades Odontológicas

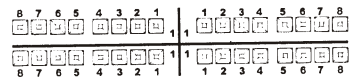
Secretaria Municipal de Saúde

Tenente Portela - RS





RADIOGRAFIAS



ANOTAÇÕES

_____

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_____

Stein - FONE/FAX: (55) 3551-1317

Tamanho:
15 x 21cm

>>> .. Frente..

Papel Branco
de 120º ...

DATA	PROCEDIMENTO

>> .... Verso