Unimed Sobral

ANEXO DE SOLICITAÇÃO DE RADIOTERAPIA

2- Nº Guia no Prestador 12345678901234567890

1 - Registro ANS	3 - Número da Guia Referenciada	4 -Senha	5 - Data da Autorização	6 - Número da Guia Atribuído pela Operadora
|___|___|___|___|___|___|	|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|	|___|___| / |___|___| / |___|___|___|___|	|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Dados do Beneficiário

7 - Número da Carteira	8 - Nome	9 - Idade	10 - Sexo
|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|		|___|___|___|	|___|

Dados do Profissional Solicitante

11 - Nome do Profissional Solicitante	12 - Telefone	13 - E-mail
	(|___|___|) |___|___|___|___|___|-|___|___|___|___|	

Diagnóstico Oncológico

14 - Data do diagnóstico	15 - CID 10 Principal	16 - CID 10 (2)	17 - CID 10 (3)	18 - CID 10 (4)	19 - Diagnóstico por Imagem	20 - Estadiamento	21 - ECOG	22 - Finalidade
|___|___| / |___|___|/|___|___|___|___|	|___|___|___|___|	|___|___|___|___|	|___|___|___|___|	|___|___|___|___|	|___|	|___|	|___|	|___|

23 - Diagnóstico Cito/Histopatológico	24 - Informações relevantes

Tratamentos Anteriores

25 - Cirurgia

26 - Data da Realização

\|___\|___\|/\|___\|___\|/\|___\|___\|___\|___\|

27 - Quimioterapia

28 - Data da Aplicação

\|___\|___\|/\|___\|___\|/\|___\|___\|___\|___\|

Procedimentos Complementares

29-Data Prevista	30-Tabela	31-Código do Procedimento	32-Descrição	33-Qtde.
01-|___|___|/|___|___|/|___|___|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|		|___|___|___|,|___|___|
02-|___|___|/|___|___|/|___|___|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|		|___|___|___|,|___|___|
03-|___|___|/|___|___|/|___|___|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|		|___|___|___|,|___|___|
04-|___|___|/|___|___|/|___|___|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|		|___|___|___|,|___|___|
05-|___|___|/|___|___|/|___|___|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|		|___|___|___|,|___|___|
06-|___|___|/|___|___|/|___|___|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|		|___|___|___|,|___|___|

29-Data Prevista	30-Tabela	31-Código do Procedimento	32-Descrição	33-Qtde.
07-|___|___|/|___|___|/|___|___|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|		|___|___|___|,|___|___|
08-|___|___|/|___|___|/|___|___|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|		|___|___|___|,|___|___|
09-|___|___|/|___|___|/|___|___|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|		|___|___|___|,|___|___|
10-|___|___|/|___|___|/|___|___|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|		|___|___|___|,|___|___|
11-|___|___|/|___|___|/|___|___|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|		|___|___|___|,|___|___|
12-|___|___|/|___|___|/|___|___|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|		|___|___|___|,|___|___|

34 - Número de Campos	35 - Dose por dia (em Gy)	36 - Dose Total (em Gy)	37 - Número de Dias	38 - Data Prevista para Início da Administração
|___|___|___|	|___|___|___|___|	|___|___|___|___|	|___|___|___|	|___|___|/|___|___|/|___|___|___|___|

39 - Data da Solicitação	40-Assinatura do Profissional Solicitante	41-Assinatura do Autorizador da Operadora
|___|___| / |___|___| / |___|___|___|___|		