postalsaúde

ANEXO DE SOLICITAÇÃO DE QUIMIOTERAPIA

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 - Peso (Kg)	10 - Altura (Cm)	11 - Superfície Corporal (m²)	12 - Idade	13 - Sexo
|___|___|___|,|___|___|	|___|___|___|,|___|___|	|___|___|,|___|___|	|___|___|___|	|___|

Dados do Profissional Solicitante

14 - Nome do Profissional Solicitante	15 - Telefone	16 - E-mail
	(|___|___|) |___|___|___|___|___|-|___|___|___|___|	

Diagnóstico Oncológico

17 - Data do diagnóstico	18-CID10Principal (Opcional)	19-CID10 (2) (Opcional)	20-CID10 (3) (Opcional)	21-CID 10 (4) (Opcional)	29 - PlanoTerapêutico
|___|___| / |___|___|/|___|___|___|___|	|___|___|___|___|	|___|___|___|___|	|___|___|___|___|	|___|___|___|___|	

22 – Estadiamento	23 - Tipo de Quimioterapia	24 - Finalidade	25 - ECOG	26 – Tumor	27 – Nódulo	28 – Metástase
|___|	|___|	|___|	|___|	|___|	|___|	|___|

30 - Diagnóstico Cito/Histopatológico	31 – Informações relevantes

Medicamentos e Drogas solicitadas

	32-Data Prevista para Início da Administração	33-Tabela	34-Código do Medicamento	35-Descrição	36-Dosagem total no ciclo	37-Unidade de Medida	38-Via Adm	39-Frequência
1-	|___|___|/|___|___|/|___|___|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|	_____	|___|___|___|___|___|,|___|___|	|___|___|___|	|___|___|	|___|___|
2-	|___|___|/|___|___|/|___|___|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|	_____	|___|___|___|___|___|,|___|___|	|___|___|___|	|___|___|	|___|___|
3-	|___|___|/|___|___|/|___|___|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|	_____	|___|___|___|___|___|,|___|___|	|___|___|___|	|___|___|	|___|___|
4-	|___|___|/|___|___|/|___|___|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|	_____	|___|___|___|___|___|,|___|___|	|___|___|___|	|___|___|	|___|___|
5-	|___|___|/|___|___|/|___|___|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|	_____	|___|___|___|___|___|,|___|___|	|___|___|___|	|___|___|	|___|___|
6-	|___|___|/|___|___|/|___|___|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|	_____	|___|___|___|___|___|,|___|___|	|___|___|___|	|___|___|	|___|___|
7-	|___|___|/|___|___|/|___|___|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|	_____	|___|___|___|___|___|,|___|___|	|___|___|___|	|___|___|	|___|___|
8-	|___|___|/|___|___|/|___|___|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|	_____	|___|___|___|___|___|,|___|___|	|___|___|___|	|___|___|	|___|___|

Tratamentos Anteriores

40- Cirurgia

41 - Data da Realização
|___|___|/|___|___|/|___|___|___|___|

42 - Área Irradiada

43 - Data da Aplicação
|___|___|/|___|___|/|___|___|___|___|

44-Observação / Justificativa

45- Número de Ciclos Previstos	46 - Ciclo Atual	47-Nº de dias do Ciclo Atual	48-Intervalo entre Ciclos (em dias)	49 - Data da Solicitação	50-Assinatura do Profissional Solicitante	51-Assinatura do Responsável pela Autorização
|___|___|	|___|___|	|___|___|___|	|___|___|___|	|___|___| / |___|___| / |___|___|___|___|		