HOSPITAL SÃO PAULO

Casa de Caridade de Multiga

Centro de Triagem

Nome do Funcionário: _____

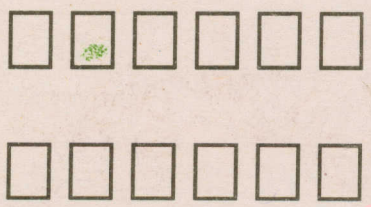
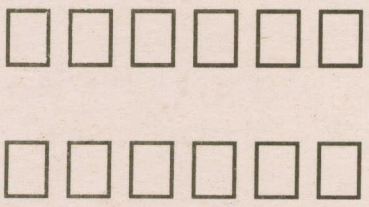
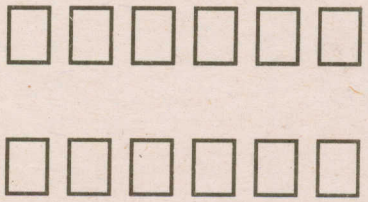
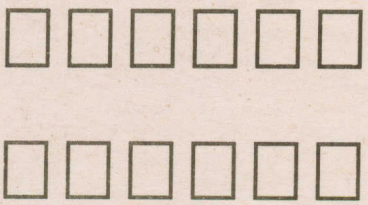
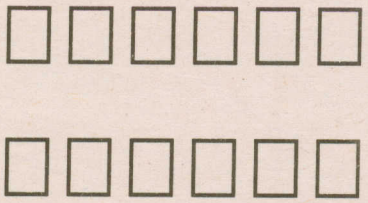
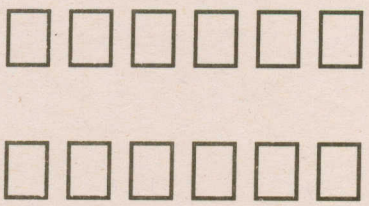
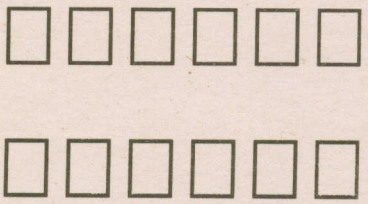
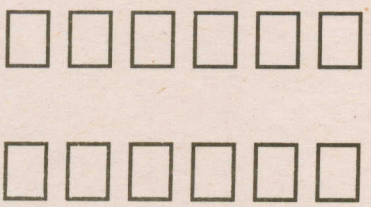
Nº do Prontuário: _____

Data: ___/___/___	Data: ___/___/___
Data: ___/___/___	Data: ___/___/___
Data: ___/___/___	Data: ___/___/___
Data: ___/___/___	Data: ___/___/___

Gerenciamento de Risco

Nome do Paciente:_____

Nº do Prontuário: _____

 Data:___/___/___	 Data:___/___/___
 Data:___/___/___	 Data:___/___/___
 Data:___/___/___	 Data:___/___/___
 Data:___/___/___	 Data:___/___/___

Gráfica Modelo 3421-5058