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**FICHA CADASTRAL**

**Dados da Empresa:**

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| --- | --- | --- | --- | --- | --- | --- |
| **Nome Fantasia:** |  | | | | | |
| **Razão Social:** |  | | | | | |
| **CNPJ:** |  | **CRM:** |  | | **CNES:** |  |
| **Endereço:** |  | | **Nº:** |  | **Compl:** |  |
| **Cidade:** |  | | **UF:** |  | **CEP:** |  |
| **Telefone:** |  | **E-mail:** |  | | | |

**Dados Responsável Técnico:**

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| **Nome:** | |  | | | | | | | | | |
| **RG:** | |  | **CPF**: |  | | | **CRM**: |  | | **Obs:** |  |
| **Especialidades:** | |  | | | | | | | | | |
| **Endereço:** |  | | | | | **Nº:** |  | | **Compl:** |  | |
| **Cidade:** |  | | | | | **UF:** |  | | **CEP:** |  | |
| **Telefone:** |  | | | | **E-mail:** |  | | | | | |

**Dados Sócios:**

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| **Nome:** | |  | | | | | | | | | |
| **RG:** | |  | **CPF**: |  | | | **CRM**: |  | | **Obs:** |  |
| **Especialidades:** | |  | | | | | | | | | |
| **Endereço:** |  | | | | | **Nº:** |  | | **Compl:** |  | |
| **Cidade:** |  | | | | | **UF:** |  | | **CEP:** |  | |
| **Telefone:** |  | | | | **E-mail:** |  | | | | | |

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| **Nome:** | |  | | | | | | | | | |
| **RG:** | |  | **CPF**: |  | | | **CRM**: |  | | **Obs:** |  |
| **Especialidades:** | |  | | | | | | | | | |
| **Endereço:** |  | | | | | **Nº:** |  | | **Compl:** |  | |
| **Cidade:** |  | | | | | **UF:** |  | | **CEP:** |  | |
| **Telefone:** |  | | | | **E-mail:** |  | | | | | |

**Corpo Clinico:**

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| **Nome:** |  | | | | | | |
| **RG:** |  | **CPF**: |  | **CRM**: |  | **Obs:** |  |
| **Especialidades:** |  | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Nome:** |  | | | | | | |
| **RG:** |  | **CPF**: |  | **CRM**: |  | **Obs:** |  |
| **Especialidades:** |  | | | | | | |

**Procedimentos:**

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| **Procedimento:** |  | | |
| **Código:** |  | **Valor:** |  |

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| **Procedimento:** |  | | |
| **Código:** |  | **Valor:** |  |

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| --- | --- | --- | --- |
| **Procedimento:** |  | | |
| **Código:** |  | **Valor:** |  |