Plamed
PRA TODA VIDA

ANEXO DE SOLICITAÇÃO DE QUIMIOTERAPIA

2- Nº Guia no Prestador

1 - Registro ANS	3 - Número da Guia Referenciada	4 - Senha	5 - Data da Autorização	6 - Número da Guia Atribuído pela Operadora
|_3_|_4_|_3_|_4_|_6_|_3_|	|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|	|___|___| / |___|___| / |___|___|___|___|	|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

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 - CID 10 Principal	19 - CID 10 (2)	20 - CID 10 (3)	21 - CID 10 (4)	26 - PlanoTerapêutico
|___|___| / |___|___|/|___|___|___|___|	|___|___|___|___|	|___|___|___|___|	|___|___|___|___|	|___|___|___|___|	

22 – Estadiamento	23 - Tipo de Quimioterapia	24 - Finalidade	25 - ECOG
|___|	|___|	|___|	|___|

27 - Diagnóstico Cito/Histopatológico	28 – Informações relevantes

Medicamentos e Drogas solicitadas

	29-Data Prevista para Administração	30-Tabela	31-Código do Medicamento	32-Descrição	33-Doses	34-Via Adm	35-Frequência
1-	|___|___|/|___|___|/|___|___|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|		|___|___|___|,|___|___|	|___|___|	|___|___|
2-	|___|___|/|___|___|/|___|___|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|		|___|___|___|,|___|___|	|___|___|	|___|___|
3-	|___|___|/|___|___|/|___|___|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|		|___|___|___|,|___|___|	|___|___|	|___|___|
4-	|___|___|/|___|___|/|___|___|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|		|___|___|___|,|___|___|	|___|___|	|___|___|
5-	|___|___|/|___|___|/|___|___|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|		|___|___|___|,|___|___|	|___|___|	|___|___|
6-	|___|___|/|___|___|/|___|___|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|		|___|___|___|,|___|___|	|___|___|	|___|___|
7-	|___|___|/|___|___|/|___|___|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|		|___|___|___|,|___|___|	|___|___|	|___|___|
8-	|___|___|/|___|___|/|___|___|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|		|___|___|___|,|___|___|	|___|___|	|___|___|

Tratamentos Anteriores

36- Cirurgia	37 - Data da Realização	38 - Área Irradiada	39 - Data da Aplicação
	|___|___|/|___|___|/|___|___|___|___|		|___|___|/|___|___|/|___|___|___|___|

40-Observação / Justificativa

41- Número de Ciclos Previstos	42 - Ciclo Atual	43-Intervalo entre Ciclos (em dias)	44 - Data da Solicitação	45-Assinatura do Profissional Solicitante	46-Assinatura do Responsável pela Autorização
|___|___|		|___|___|___|	|___|___| / |___|___|/|___|___|___|___|		