

CNS DO PROFISSIONAL*	CBO*	CNES*	INE*	DATA*
_____	_____ - _____	_____	_____	/ /
CNS DO PROFISSIONAL	CBO	CNES	INE	/ /
_____	_____ - _____	_____	_____	

N.º		1	2	3	4	5	6	7	8	9	10	11	12	13	
TURNO*		(M)(T)(N)	(M)(T)(N)	(M)(T)(N)	(M)(T)(N)	(M)(T)(N)	(M)(T)(N)	(M)(T)(N)	(M)(T)(N)	(M)(T)(N)	(M)(T)(N)	(M)(T)(N)	(M)(T)(N)	(M)(T)(N)	
N.º PRONTUÁRIO															
CNS OU CPF DO CIDADÃO	CNS	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	
	CPF	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	
		[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	
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		[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	
Data de nascimento*	Dia/mês	/	/	/	/	/	/	/	/	/	/	/	/	/	
	Ano														
Sexo* (F) Feminino (M) Masculino		(F)(M)	(F)(M)	(F)(M)	(F)(M)	(F)(M)	(F)(M)	(F)(M)	(F)(M)	(F)(M)	(F)(M)	(F)(M)	(F)(M)	(F)(M)	
Local de atendimento* (ver legenda)		[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	
Paciente com necessidades especiais		[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	
Gestante		[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	
Tipo atendimento*	Consulta agendada	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	
	Demanda Espontânea														
	Escuta inicial/Orientação	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	
	Consulta no dia	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	
	Atendimento de urgência	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	
Tipo de consulta**	Primeira consulta odontológica programática	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	
	Consulta de retorno em odontologia	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	
	Consulta de manutenção em odontologia	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	
Vigilância em Saúde Bucal*	Abscesso dentoalveolar	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	
	Alteração em tecidos moles	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	
	Dor de dente	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	
	Fendas ou fissuras labiopalatais	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	
	Fluorose dentária moderada ou severa	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	
	Traumatismo dentoalveolar	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	
	Não identificado	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	
Procedimentos (quantidade realizada)	Acesso à polpa dentária e medicação (por dente)	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	
	Adaptação de prótese dentária	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	
	Aplicação de carióstático (por dente)	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	
	Aplicação de selante (por dente)	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	
	Aplicação tópica de flúor (individual por sessão)	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	
	Capeamento pulpar	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	
	Cimentação de prótese dentária	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	
	Curativo de demora com ou sem preparo biomecânico	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	
	Drenagem de abscesso	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
	Evidenciação de placa bacteriana	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
	Exodontia de dente decíduo	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
	Exodontia de dente permanente	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
	Instalação de prótese dentária	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
	Moldagem dentogengival para construção de prótese dentária	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
	Orientação de higiene bucal	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]

Nº		1	2	3	4	5	6	7	8	9	10	11	12	13	
Procedimentos (quantidade realizada)	Profiliax/Remoção da placa bacteriana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Pulpotomia dentária	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Radiografia interproximal (BITE WING)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Radiografia periapical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Raspagem alisamento e polimento supragengivais (por sextante)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Raspagem alisamento subgengivais (por sextante)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Restauração de dente permanente anterior com resina composta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Restauração de dente permanente posterior com resina composta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Retirada de pontos de cirurgias básicas (por paciente)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Selamento provisório de cavidade dentária	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Tratamento de alveolite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Ulotomia/ulectomia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Outros procedimentos (código do SIGTAP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Fornecimento		Escova dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Creme dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Fio dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Retorno para consulta agendada	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Agendamento p/ outros profissionais AB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Agendamento p/ Nasf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Agendamento p/ grupos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Alta do episódio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Tratamento concluído	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Encaminhamento	Atendimento a pacientes c/ necessidades especiais	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cirurgia BMF		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Endodontia		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Estomatologia		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Implantodontia		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Odontopediatria		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ortodontia/Ortopedia		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Periodontia		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prótese dentária		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Radiologia		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Outros	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Legenda: Opção múltipla de escolha Opção única de escolha (marcar X na opção desejada)

Local de Atendimento: 01 - UBS 02 - Unidade móvel 03 - Rua 04 - Domicílio 05 - Escola/Creche 06 - Outros 07 - Polo (Academia da Saúde)

08 - Instituição/Abrijo 09 - Unidade prisional ou congêneres 10 - Unidade socioeducativa

***Campo obrigatório**

****Este campo não é obrigatório caso o tipo de atendimento for de demanda espontânea**