**DIAGNÓSTICO**:

|  |
| --- |
| **PLANO DE TRATAMENTO** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| **Assinatura do paciente**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Data: Click or tap to enter a date. |

Fluxo salivar:       (Data/horário Click or tap to enter a date.)

Fluxo salivar:       (Data/horário Click or tap to enter a date.)

Fluxo salivar:       (Data/horário Click or tap to enter a date.)

Fluxo salivar:       (Data/horário Click or tap to enter a date.)

Informação relevante: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DADOS DIÁRIO ALIMENTAR**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Média | Data: | Data: | Data: | Data: | Data: | Data: |
| **FA** |  |  |  |  |  |  |
| **FS** |  |  |  |  |  |  |
| **FSER** |  |  |  |  |  |  |

Obs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_