Paciente 1 - José Amaral Pereira

DN – 1/02/1982

Sexo masculino

CNS 7897656880876789

CPF – 910.168.640-27

CID acrescenta este identifier no exemplo – este é o obrigatório para o LACPASS

[identifier](http://hl7.org/fhir/R4/patient.html#Patient.identifier)" : [

{

"[use](http://hl7.org/fhir/R4/datatypes.html#Identifier#Identifier.use)" : "official",

"[type](http://hl7.org/fhir/R4/datatypes.html#Identifier#Identifier.type)" : {

"[coding](http://hl7.org/fhir/R4/datatypes.html#CodeableConcept#CodeableConcept.coding)" : [

{

"[system](http://hl7.org/fhir/R4/datatypes.html#Coding#Coding.system)" : "http://terminology.hl7.org/CodeSystem/v2-0203",

"[code](http://hl7.org/fhir/R4/datatypes.html#Coding#Coding.code)" : "PPN"

}

]

},

"[system](http://hl7.org/fhir/R4/datatypes.html#Identifier#Identifier.system)" : "urn:oid.2.16.152",

"[value](http://hl7.org/fhir/R4/datatypes.html#Identifier#Identifier.value)" : "BR/FC-8564352"

},

Estabelecimento – name - AMBULATORIO MEDICO DO INSTITUTO BUTANTAN

CNES - 0276944

AV VITAL BRASIL 1500, SÃO PAULO, SP 355030 BR

(11)2627-9614

CID – I10

Alergias –

category.code=food

code.system= **http://hl7.org/fhir/uv/ips/ValueSet/allergy-intolerance-snomed-ct-ips-free-set**

code.value= 762952008

code.display=Peanut (substance)

Medicação Aline

Atenolol 50mg tablets via: oral 1 tablet once a day

Código ATC: C07AB03

Paciente 2 - Maria Antonia Michaelsen

DN: 10/03/2019

Sexo: fem

CPF:

[identifier](http://hl7.org/fhir/R4/patient.html#Patient.identifier)" : [

{

"[use](http://hl7.org/fhir/R4/datatypes.html#Identifier#Identifier.use)" : "official",

"[type](http://hl7.org/fhir/R4/datatypes.html#Identifier#Identifier.type)" : {

"[coding](http://hl7.org/fhir/R4/datatypes.html#CodeableConcept#CodeableConcept.coding)" : [

{

"[system](http://hl7.org/fhir/R4/datatypes.html#Coding#Coding.system)" : "http://terminology.hl7.org/CodeSystem/v2-0203",

"[code](http://hl7.org/fhir/R4/datatypes.html#Coding#Coding.code)" : "PPN"

}

]

},

"[system](http://hl7.org/fhir/R4/datatypes.html#Identifier#Identifier.system)" : "urn:oid.2.16.152",

"[value](http://hl7.org/fhir/R4/datatypes.html#Identifier#Identifier.value)" : "BR/FY-8765489"

},

Estabelecimento HOSPITAL DA CRIANCA

CNES 2080168

CNPJ 06.047.087/0050-17

RUA DAS PEROBAS 295, SAO PAULO SP 355030 BR

(11)3046-7797

CID J15.2 - Pneumonia due to staphylococcus

E46 -

MEdicamentos

Ceftriaxone 250mg powder for solution for injection vials

Dose: 1 g via: EV once a day

Código ATC: J01DD04

Alergias –

category.code=food

code.system= **http://hl7.org/fhir/uv/ips/ValueSet/allergy-intolerance-snomed-ct-ips-free-set**

code.value= 264295007

code.display= Cow's milk protein (substance)

PAciente 3 - Cidimar Andrade Yakamoto

DN 20/07/1963

Sexo Masc

CPF criar

CNS 73445689323456876

[identifier](http://hl7.org/fhir/R4/patient.html#Patient.identifier)" : [

{

"[use](http://hl7.org/fhir/R4/datatypes.html#Identifier#Identifier.use)" : "official",

"[type](http://hl7.org/fhir/R4/datatypes.html#Identifier#Identifier.type)" : {

"[coding](http://hl7.org/fhir/R4/datatypes.html#CodeableConcept#CodeableConcept.coding)" : [

{

"[system](http://hl7.org/fhir/R4/datatypes.html#Coding#Coding.system)" : "http://terminology.hl7.org/CodeSystem/v2-0203",

"[code](http://hl7.org/fhir/R4/datatypes.html#Coding#Coding.code)" : "PPN"

}

]

},

"[system](http://hl7.org/fhir/R4/datatypes.html#Identifier#Identifier.system)" : "urn:oid.2.16.152",

"[value](http://hl7.org/fhir/R4/datatypes.html#Identifier#Identifier.value)" : "BR/FS-9765382"

},

Estabelecimento UBS INDIANOPOLIS SIGMUND FREUD

CNES – 2788578

AV DOS CARINAS 525 SÃO PAULO SP 04086-011 – BR

(11)5054-2705

CID E11.9 - Type 2 diabetes mellitus

E66.0 - Obesity due to excess calories

Medicacao –

Linagliptin 2.5mg / Metformin 1g tablets oral 2 X a day

Código ATC: A10BD11

ALergia –

category.code=medication

code.system= **http://hl7.org/fhir/uv/ips/ValueSet/allergy-intolerance-snomed-ct-ips-free-set**

#### code.value= 777067000

#### code.display= Product containing only paracetamol (medicinal product)|

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Paciente 4 – Fernanda Lima Alves

16/02/1987

Fem

CPF – criar

[identifier](http://hl7.org/fhir/R4/patient.html#Patient.identifier)" : [

{

"[use](http://hl7.org/fhir/R4/datatypes.html#Identifier#Identifier.use)" : "official",

"[type](http://hl7.org/fhir/R4/datatypes.html#Identifier#Identifier.type)" : {

"[coding](http://hl7.org/fhir/R4/datatypes.html#CodeableConcept#CodeableConcept.coding)" : [

{

"[system](http://hl7.org/fhir/R4/datatypes.html#Coding#Coding.system)" : "http://terminology.hl7.org/CodeSystem/v2-0203",

"[code](http://hl7.org/fhir/R4/datatypes.html#Coding#Coding.code)" : "PPN"

}

]

},

"[system](http://hl7.org/fhir/R4/datatypes.html#Identifier#Identifier.system)" : "urn:oid.2.16.152",

"[value](http://hl7.org/fhir/R4/datatypes.html#Identifier#Identifier.value)" : "BR/FA-6767489"

},

Estabelecimento CLINICA DE ENDOCRINO SILVANA SOUZA QUEIROZ

CNES 3188434

CNPJ 04.879.194/0001-06

RUA JOSE JANARELLI 199 conj 42 – SÃO PAULO SP 05615-000 BR

(11)3727-2205

CID E03. 9 for Hypothyroidism

Medication

Levothyroxine sodium 100microgram tablets oral one tablet every morning

Código ATC: H03AA01