

HOSPITAL

		DE ENLEY	WILLOUNE.			***************************************			······				***************************************
Registro Clínic	0.110	Nome do Pac	i Andra	NC	TIFICAÇ	ĂΟ	DE SAÍD	Α		***************************************	*******************************		
***************************************	***************************************	***************************************		***************************************									
Sexo	Data de l	Vascimento	Est. Civil	En	dereço				······································		***************************************	***************************************	Pettotescensessassassassassassassassassassassassass
Clínica	***************************************	······					***************************************	***************************************	E	infermai	ria	Leito	Apt
				***************************************	4 7 77 4 7 7 7			***************************************		***************************************	***************************************		
Data da Alta	Méd	ico		Diagno	ALTA HC		TALAR	***************************************	***************************************		Tino	da Alta	***************************************
Fluxo: 1ª via - Fat	uramania.	34 vin CDD 34	4 3		371 - 271 - 371 - 371	***************************************		***************************************			ripo	da Ana	
7 1.66 2 6.55	aram, and	z via-Crb, 5	via - racienti	e ou ram	***************************************	BITO		***************************************		******************************		***************************************	
Data do Obito	Verif	icado pelo Méd	lico	Causa Mortis (CID)							Necro	ópsia nº	*******************************
Atestado foi pre	enchido	***************************************		Caeo	le Policia	***************************************			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		************************		
Si		×1~		Caso	[]			Enti	regue à fa				I
		Não 2ª via - CPD; 3ª	LLI Via - Paciente	ou fami	Sim Ll liares - Anatomia Pa	nológica	Não LJ		Sii	m 🔝		Não	
		***************************************	***************************************	***************************************	TRANSF		NCIA		***************************************	***************************************	***************************************	***************************************	***************************************
Fransferido para	.:				Do Leito ·			(8)	Para Leit	to			Inconcessore excessors
Problema de saú	de:	***************************************		Diagnóstico (CI	D)			······	T	Data	***************************************	***************************************	
Fluxo: la via - Linia	dade de desi	ano do paganta:	2ª vio CDC	. 28 322	- Unidade de o rigen		······	·····	***************************************				
		mo do paciono,	- VIG - CT D.	, <i>2</i> ¥3a	REM	*************	······································	······································	***************************************	***************************************	***************************************		***************************************
Removido para:		Especialio	lade			Diagnóstico (CI	D)		Data				
luxo: I' via - Unic	lade de dest	ino do paciente;	2º via - CPD;	3ª Via	- Unidade de origen	ido pacie	nte	***************************************	***************************************		MATERIAL COLORS		***************************************
					······································	***************************************		•	***************************************			***************************************	reconsciones
	le Emissão	•						* ' .					***************************************
lod.: 6126		c.c.,69413			Formato: 210 x 1-	18 <u>,</u> 5 mm	08/2008		a do Respo NNP/SUP		***************************************	N. Prod	. Gráfica
GOV	ERNO!	DO DISTRI	TO FEDE	RAL		***************************************		HOSI	PITAL			***************************************	
SECI	RETARI	A DE ESTA ΓARIA DE A	DO DE S	AÚDI	E								
GER	ÊNCIA	DE ENFERI	MAGEM	JASA	AUDE								
	***************************************		***************************************	* * * *		~	······································		***************************************	***************************************	***************************************		*************************
Registro Clínico	n _o	Nome do Paci	ente	NO	TIFICAÇ	AO I	DE SAID	<u> </u>	***************************************	***************************************		***************************************	***************************************
Sexo I	Data de N	ascimento	Est. Civil	I End	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	***************************************				***************************************	***************************************		
			LSL CIVII	End	ereço					1			
Clínica									Enfermaria Leito Apt ^o				
					ALTA HO	CDIT	~ A T A D	***************************************		***************************************	***************************************		
Data da Alta Médico					ALTA HOSPITALAR Diagnóstico da Alta (CID)					Tipo da Alta			
luxo: lª via - Fatu	ramento; 2	a via - CPD; 3ª v	Òa - Paciente	ou famil	Tarac	******************************	***************************************	***************************************	***************************************				~~~
				***************************************	***************************************	ITO	***************************************	***************************************	entercorrected and the second and th	***************************************	anis annum annum	***************************************	***************************************
Data do Obito	Verifi	cado pelo Médi	co (Causa N	fortis (CID)			***************************************			Necró	osia nº	***************************************
Atestado foi pree	nchido	***************************************		Caso de	e Polícia	***************************************		TEntre	egue à far	~:III	***************************************	***************************************	recencecececececece
Sin	, [Não [Sim [Linic				г	errore q
			/ia - Paciente	ou famili	ares - Anatomia Palo	lógica	Não L.J		Sim	<u>1 L.J</u>		Não L	
ransferido para:	***************************************	***************************************	***************************************		TRANSFI	ERÊ	NCIA		*	***************************************	***************************************	***************************************	***************************************
anorer do para.				000000000000000000000000000000000000000	Do Leito ·			ŀ	Para Leito)		***************************************	Personale
Problema de saúde:					Diagnóstico (CID)					1	Data		
uxo: 1ª via - Unida	ade de desti	no do paciente:	· ^{2a} via - CPD·	3ª Via	Unidade de origem	lo es		·····			***************************************		
				-/ ¥32X	REM (**************************	***************************************	***************************************		***************************************	***************************************		
emovido para:	***************************************		Especialida	ıde			Diagnóstico (CID))	•••••••••••••••••••••••••••••••••••••••	1	ata	***************************************	xxxxxxxxxxxxxxxx
uxo: 1ª via - Unida	ide de destir	o do paciente; 2	" via - CPD;	3ª Via -	Unidade de origem d	lo pacien	te		***************************************		***************************************		******************************
,	t.			***************************************				***************************************	***************************************		***************************************	***************************************	***************************************
Data de	Emissão	*			***************************************	***************************************			*************************		***************************************		***************************************
od.: 6126		c.c.,69413	***************************************	***************************************	Formato: 210 x 148	,5 mm	08/2008	Assinatura N	do Respon INP/SUPR		***************************************	N. Prod.	Gráfica/S