

Hospital Regional do Gama - DF

SETOR: CENTRO CIRÚRGICO

PASSAGEM: _____

NOME: _____

Nº SES: _____

CIRURGIA: _____

ANESTESIA: _____

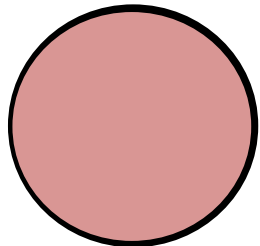
DATA DE NASC.:

____/____/____

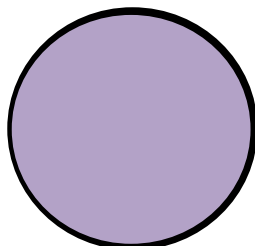
DATA DE ADMISSÃO:

____/____/____

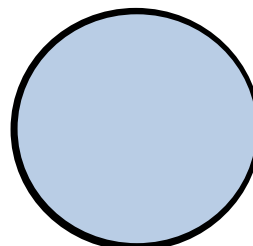
PROCEDÊNCIA: (ENF/LEITO)



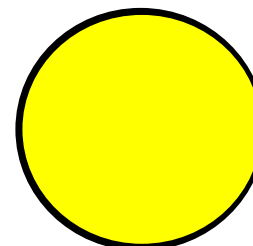
RISCO DE QUEDA



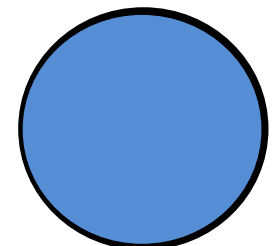
RISCO DE LPP



RISCO DE TEV



ALERGIA



ISOLAMENTO