Postal Saúde
Sua vida, nossa existência

ANEXO DE SOLICITAÇÃO DE ÓRTESES, PRÓTESES E MATERIAIS ESPECIAIS - OPME

2- Nº Guia no Prestador 12345678901234567890

1 - Registro ANS	3 - Número da Guia Referenciada	4 - Senha	5 - Data da Autorização	6 - Número da Guia Atribuído pela Operadora
|___|___|___|___|___|___|	|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|	|___|___| / |___|___| / |___|___|___|___|	|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Dados do Beneficiário

7 - Número da Carteira	8 - Nome
|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|	

Dados do Profissional Solicitante

9- Nome do Profissional Solicitante	10 - Telefone	11 - E-mail
	(|___|___|) |___|___|___|___|___|-|___|___|___|___|	

Dados da Cirurgia

12 – Justificativa Técnica

OPME Solicitadas

13-Tabela	14-Código do Material	15-Descrição	16-Opção	17- Qtde. Solicitada	18- Valor Unitário Solicitado	19- Qtde. Autorizada	20- Valor Unitário Autorizado
21-Registro ANVISA do Material		22-Referência do material no fabricante	23-Nº Autorização de Funcionamento				
01- |___|___|	|___|___|___|___|___|___|___|___|___|___|	|_____|	|___|	|___|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|	|___|___|___|___|___|___|,|___|___|
|___|___|___|___|___|___|___|___|___|___|___|___|___|___|		|_____|	|___|___|___|___|___|___|___|___|___|___|___|___|___|				
02- |___|___|	|___|___|___|___|___|___|___|___|___|___|	|_____|	|___|	|___|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|	|___|___|___|___|___|___|,|___|___|
|___|___|___|___|___|___|___|___|___|___|___|___|___|___|		|_____|	|___|___|___|___|___|___|___|___|___|___|___|___|___|				
03- |___|___|	|___|___|___|___|___|___|___|___|___|___|	|_____|	|___|	|___|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|	|___|___|___|___|___|___|,|___|___|
|___|___|___|___|___|___|___|___|___|___|___|___|___|___|		|_____|	|___|___|___|___|___|___|___|___|___|___|___|___|___|				
04- |___|___|	|___|___|___|___|___|___|___|___|___|___|	|_____|	|___|	|___|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|	|___|___|___|___|___|___|,|___|___|
|___|___|___|___|___|___|___|___|___|___|___|___|___|___|		|_____|	|___|___|___|___|___|___|___|___|___|___|___|___|___|				
05- |___|___|	|___|___|___|___|___|___|___|___|___|___|	|_____|	|___|	|___|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|	|___|___|___|___|___|___|,|___|___|
|___|___|___|___|___|___|___|___|___|___|___|___|___|___|		|_____|	|___|___|___|___|___|___|___|___|___|___|___|___|___|				
06- |___|___|	|___|___|___|___|___|___|___|___|___|___|	|_____|	|___|	|___|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|	|___|___|___|___|___|___|,|___|___|
|___|___|___|___|___|___|___|___|___|___|___|___|___|___|		|_____|	|___|___|___|___|___|___|___|___|___|___|___|___|___|				

24 - Especificação do Material

25- Observação / Justificativa

26 - Data da Solicitação	27- Assinatura do Profissional Solicitante	28- Assinatura do Responsável pela Autorização
|___|___| / |___|___| / |___|___|___|___|		

Versão 3