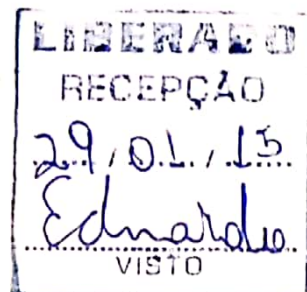


OLHE SÓ!!!!

Que tal o meu pezinho?



Placental: Mito. Ombro: Mito.
Data: 29.01.15 Hora: 21.00
Tempo do Parto: ok
Ass. do Mãe: Emmale
Ass. do Filho: Emmale.

HOSP. E MATERN. STA. BRIGIDA S.
Maternidade: _____



Celular Tha. Elaine 9977-7844

Dados do BEBÊ

Nome da Criança: Pedro Leon dos Santos Lemos
Data de nascimento: 27/1/15 Local: _____
Nome da Mãe: Marcilene Rafaela dos Santos Lemos
Nome do Pai: Marcos Leon dos Santos Lemos
Endereço: R. Francisco Schwartz 845 c.3
Bairro: Monta Aragatuba CEP: _____ Tel: _____
Cidade: Paraguari Estado: PR

ATENÇÃO!

- * Esta caderneta é o documento de saúde do seu filho. Conserve-a com cuidado.
- * Toda vez que levar seu filho para atendimento em serviço de saúde (consultas, vacinas, emergências) leve esta caderneta e peça que seja preenchida.
- * O bebê nunca deve dormir de barriga para baixo (de bruços).
- * Leve seu bebê a um serviço de saúde 2 a 3 dias após a alta da maternidade ou de acordo com a orientação médica.

Unidade de Saúde: _____

Cadastro: _____

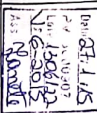
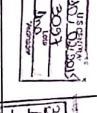
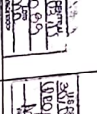
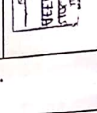
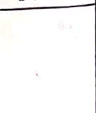
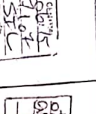
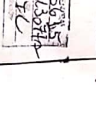
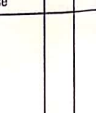
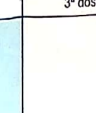
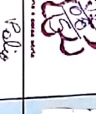
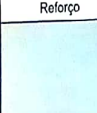
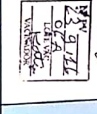
Número do Cartão Nacional do SUS: _____

Nº da Declaração de Nascimento Vivo: _____

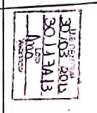
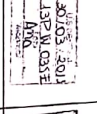
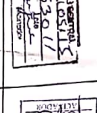
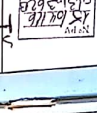
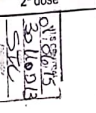
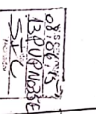
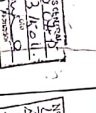
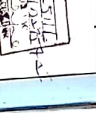
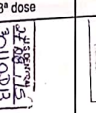
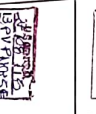
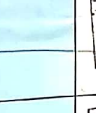
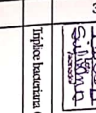
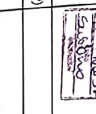
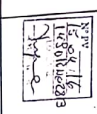
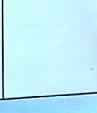
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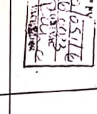
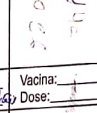
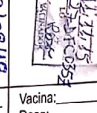
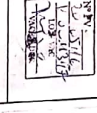
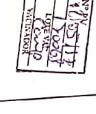
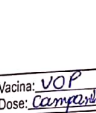
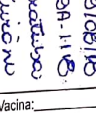
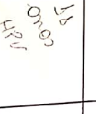
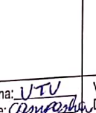
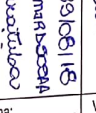
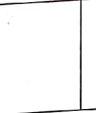
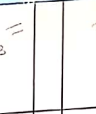
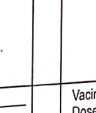
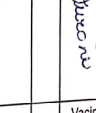
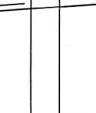
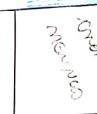
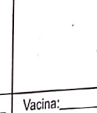
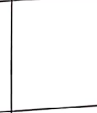
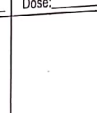
VACINAS DA CRIANÇA

1ª dose	2ª dose	3ª dose	Reforço	Reforço
   	   	   	   	   

VACINAS DA CRIANÇA

1ª dose	2ª dose	3ª dose	Reforço	Reforço
   	   	   	   	   

VACINAS DA CRIANÇA

Influenza	Difteria (dT)	Poliomielite (VIP)	Sarampo	Tetanus
   	   	   	   	   

VACINAS DA CRIANÇA

Outras vacinas	Outras vacinas	Outras vacinas	Outras vacinas
