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| 1. **Identificação do Paciente** | | | | | |
| **Nome:** | | | | **Código Identificador:** | |
| **Data de Nascimento:** | | **Sexo:** | **Telefone:** | | |
| 1. **Identificação do Médico Assistente** | | | | | |
| **Nome:** | **CRM:** | | | | **Telefone:** |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 1. **Controle clínico e metabólico**   Satisfatório  Insatisfatório | | | | | | | | | | | | 1. **Tratamento Proposto**   **LUCENTIS® (RANIBIZUMABE)**   **EYLEA® (AFLIBERCEPT)** | | | | | | | | | | | | **OLHO DIREITO** | | | | | | **OLHO ESQUERDO** | | | | | | **3 aplicações OD (Carga inicial)** | | | | | | **3 aplicações OE (Carga inicial**) | | | | | | (1ª) Data:  \_\_/\_\_/\_\_\_\_ | | (2ª) Data:  \_\_/\_\_/\_\_\_\_ | | (3ª) Data:  \_\_/\_\_/\_\_\_\_ | | (1ª) Data:  \_\_/\_\_/\_\_\_\_ | | (2ª) Data:  \_\_/\_\_/\_\_\_\_ | | (3ª) Data:  \_\_/\_\_/\_\_\_\_ | | **mais de 3 aplicações OD:** | | | | | | **mais de 3 aplicações OE:** | | | | | | **Datas em que ocorreram as aplicações:** | | | | | | **Datas em que ocorreram as aplicações:** | | | | | | 4ª Aplicação: | AV/CC: | | | Data \_\_/\_\_/\_\_\_\_ | | 4ª Aplicação: | | AV/CC: | | Data \_\_/\_\_/\_\_\_\_ | | 5ª Aplicação: | AV/CC: | | | Data \_\_/\_\_/\_\_\_\_ | | 5ª Aplicação: | | AV/CC: | | Data \_\_/\_\_/\_\_\_\_ | | 6ª Aplicação: | AV/CC: | | | Data \_\_/\_\_/\_\_\_\_ | | 6ª Aplicação: | | AV/CC: | | Data \_\_/\_\_/\_\_\_\_ | | 7ª Aplicação: | AV/CC: | | | Data \_\_/\_\_/\_\_\_\_ | | 7ª Aplicação: | | AV/CC: | | Data \_\_/\_\_/\_\_\_\_ | | 8ª Aplicação: | AV/CC: | | | Data \_\_/\_\_/\_\_\_\_ | | 8ª Aplicação: | | AV/CC: | | Data \_\_/\_\_/\_\_\_\_ | | 9ª Aplicação: | AV/CC: | | | Data \_\_/\_\_/\_\_\_\_ | | 9ª Aplicação: | | AV/CC: | | Data \_\_/\_\_/\_\_\_\_ | | 10ª Aplicação: | AV/CC: | | | Data \_\_/\_\_/\_\_\_\_ | | 10ª Aplicação: | | AV/CC: | | Data \_\_/\_\_/\_\_\_\_ | | 11ª Aplicação: | AV/CC: | | | Data \_\_/\_\_/\_\_\_\_ | | 11ª Aplicação: | | AV/CC: | | Data \_\_/\_\_/\_\_\_\_ | | 12ª Aplicação: | AV/CC: | | | Data \_\_/\_\_/\_\_\_\_ | | 12ª Aplicação: | | AV/CC: | | Data \_\_/\_\_/\_\_\_\_ | |  |  | | |  | |  | |  | |  | | **Registro dos achados mais relevantes:** | | | | | | | | | | | | Achados mais relevantes dos exames de Mapeamento de Retina (MR), Angiografia Fluoresceína (AFG), Angiografia com Indocianina Verde (ICG) e/ou Tomografia de Coerência Óptica (OCT) posteriores à última aplicação: | | | | | | | | | | | | MR | | | AFG | | OCT | | ICG | | Data: | | | **Resumo do Laudo:** | | | | | | | | | | | | Encaminhar laudos e imagens dos exames realizados por meio eletrônico ou em CD/DVD | | | | | | | | | | | | | | | | | |

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| Data: **/     /** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Assinatura e carimbo do Médico Assistente |