

## REUNIÃO SEMANAL DE PRECEPTORIA MULTIPROFISSIONAL

Turma: ( ) R1

( ) R2

Data: \_\_\_ / \_\_\_ / \_\_\_

Campo de Prática:

Assunto	Encaminhamentos

**Assinaturas** (nome legível - assinatura)

Preceptores:

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Residentes:

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Outros (devem estar identificados):

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