

IT-NR019 - PROCESSO DE SOLICITAÇÃO DE PREENCHIMENTO DE
FORMULÁRIO DE REMANEJAMENTO INTERNO

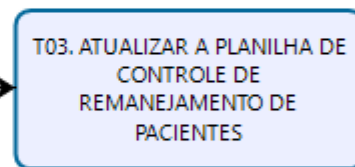
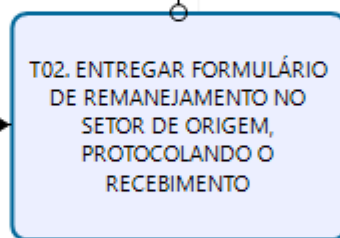
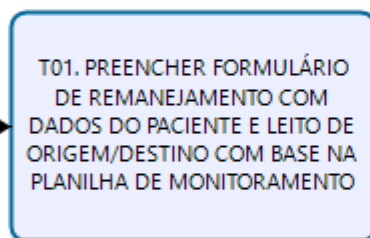
EQUIPE DO NR



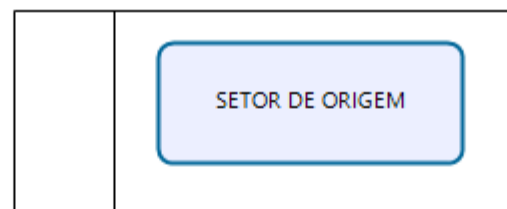
INÍCIO



SOB DEMANDA



FORMULARIO DE REMANEJAMENTO ENTRGUE AO SETOR DE ORIGEM



FORMULÁRIO DE REMANEJAMENTO DO PACIENTE