

## **SOINS ET PROTHESES DENTAIRES**

Le praticien est prié de présenter la dent traitée, l'acte pratiqué et indiquer la nature des soins.

Veuillez fournir une facture

Veuillez joindre les radiographies en cas de prothèses ou de traitement canalaire, ainsi que le bilan de l'ODF.

SOINS DENTAIRE		Dents Traitées	Nature des soins	Coefficient
DROITE <img alt="Diagram of upper teeth showing numbers 11-21, 22-28, 31-48, 49-53, 54-58, 59-63, 64-68, 69-73, 74-78, 79-83, 84-88, 89-93, 94-98, 99-103, 104-108, 109-113, 114-118, 119-123, 124-128, 129-133, 134-138, 139-143, 144-148, 149-153, 154-158, 159-163, 164-168, 169-173, 174-178, 179-183, 184-188, 189-193, 194-198, 199-203, 204-208, 209-213, 214-218, 219-223, 224-228, 229-233, 234-238, 239-243, 244-248, 249-253, 254-258, 259-263, 264-268, 269-273, 274-278, 279-283, 284-288, 289-293, 294-298, 299-303, 304-308, 309-313, 314-318, 319-323, 324-328, 329-333, 334-338, 339-343, 344-348, 349-353, 354-358, 359-363, 364-368, 369-373, 374-378, 379-383, 384-388, 389-393, 394-398, 399-403, 404-408, 409-413, 414-418, 419-423, 424-428, 429-433, 434-438, 439-443, 444-448, 449-453, 454-458, 459-463, 464-468, 469-473, 474-478, 479-483, 484-488, 489-493, 494-498, 499-503, 504-508, 509-513, 514-518, 519-523, 524-528, 529-533, 534-538, 539-543, 544-548, 549-553, 554-558, 559-563, 564-568, 569-573, 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5654-5658, 5659-5663, 5664-5668, 5669-5673, 5674-5678, 5679-5683, 5684-5688, 5689-5693, 5694-5698				



**MUPRAS**  
Mutuelle de Prévoyance  
& d'Actions Sociales  
de Royal Air Maroc

P 17 / 0065097

**DATE DE DEPOT**

..... /201.

A REMPLIR PAR L'ADHERENT		Mle 1490	10 JUIN 2019		
Nom & Prénom BELABBES Khalil			<i>(Signature)</i>		
Fonction Retraite	Phones 0522470257				
Mail					
MEDECIN	Prénom du patient Fatima				
Adhérent <input type="checkbox"/>	Conjoint <input checked="" type="checkbox"/>	Enfant <input type="checkbox"/>	Age 20 Ans		
Nature de la maladie		Date 5-2-19			
<i>Pilot Hesg</i>		Date 1ère visite			
S'agit-il d'un accident : Causes et circonstances					
Nature des actes	Nbre de Coefficient	Montant détaillé des honoraires			
24 RC	D 400	5 000,-			
PHARMACIE	Date				
Montant de la facture					
ANALYSES - RADIOGRAPHIES		Date			
Désignation des Coefficients	Montant détaillé des Honoraires				
AUXILIAIRES MEDICAUX		Date			
Nombre		Montant détaillé des Honoraires			
AM	PC	IM	IV		

*Signature et Cachet du Pharmacien*  
*MUPRAS*  
*ACCUEIL CACHET*  
*CACHET*

Docteur Yassine MESSAOUDI

*Chirurgien Dentiste*

*Implantologie et Rehabilitation Orale*

## *Diplôme d'Université en Chirurgie et Implantologie Orale*



الدكتور ياسين المسعودي

طبيب جراحي للأسنان

أخصائي في زرع الأنسان

شهاقة جامعية لجراحة وزراعة الأسنان

Casablanca, le: 10 - 8 - 19

Casablanca, le: 11-8-19

## FEATURE MAPS

M<sup>me</sup> BELMIZZAS. FGFA a fait des hypothèses  
l'après dont le montant est de 5'000,00

~~Docteur Vassine MESSAOUDI  
Chirurgien Dentiste  
Implantologie Orale  
2, Rue Amélie Bourgogne - Casablanca  
Tél. : 05 22 48 53 46~~

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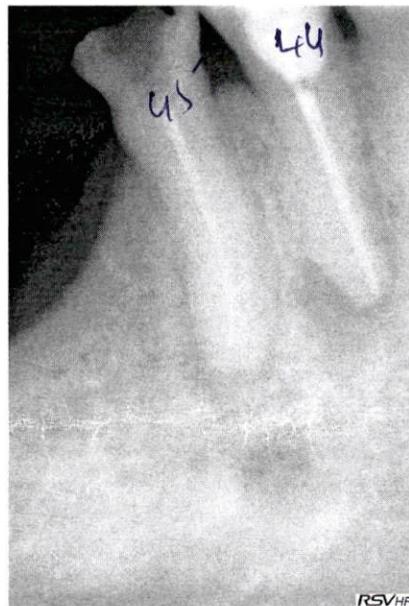
Résid Naourak, 2 Rue Ampère, 1er étage Appt N°3 ,Bourgogne, Casablanca 20040

Tél.: 05 22.48 53 46 - GSM: 0612 00 22 45 (au dessus CIH Goulimima)

DR S2

Patient : M. 19 F19

Né(e) le :



Date de prise du cliché : 05/02/2019

Dents :

Commentaires :

DR S2

Patient : M.

Né(e) le :



Date de prise du cliché : 14/06/2019

Dents :

Commentaires :