|  |
| --- |
| **ATESTADO** |
|  |
|  |
|  |

Atesto para devidos fins que o(a) Sr(a). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ R.G. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ esteve sob tratamento psicoterapêutico nesse consultório, no período das \_\_\_\_\_\_\_ às \_\_\_\_\_\_\_ horas do dia \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ .

São Paulo \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Jefferson Silva