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| **ATESTADO** |
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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 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_

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Jefferson Silva