

# Teste de Discriminação Visual - 04

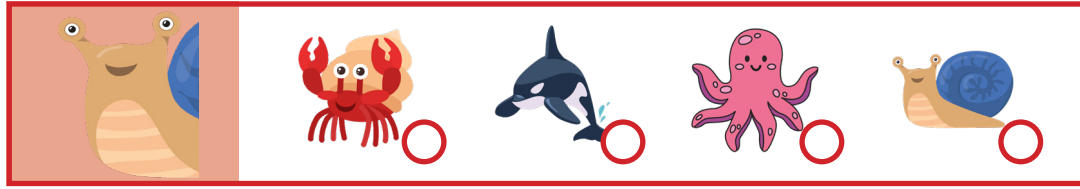
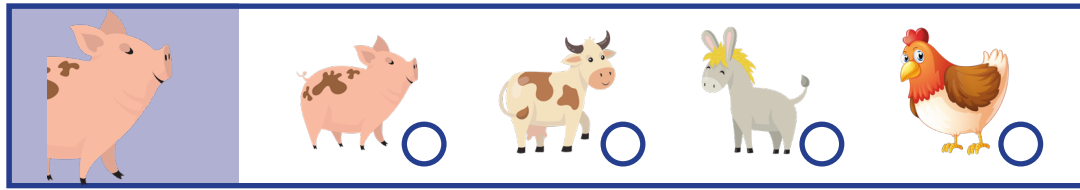
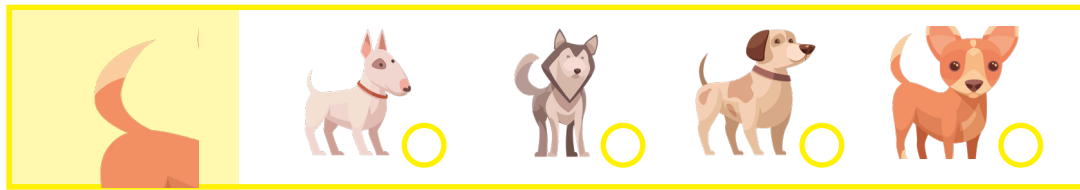
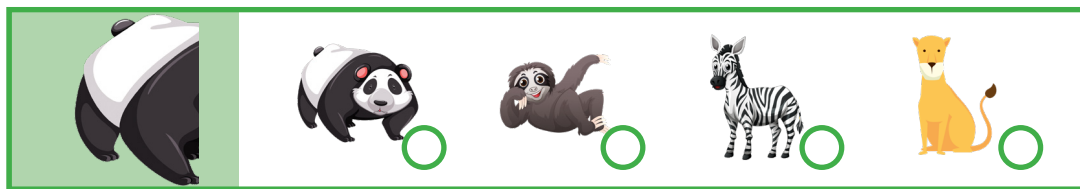
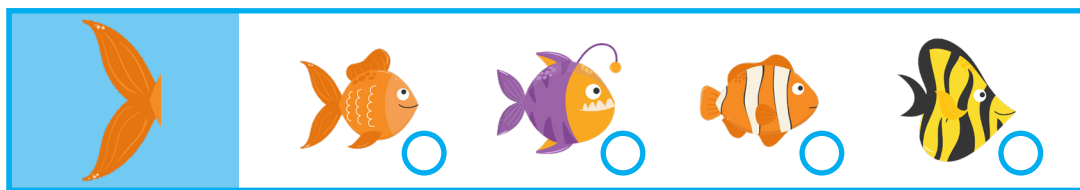
## Identificação do Aprendente/Paciente

Nome: \_\_\_\_\_ Idade: \_\_\_\_\_

Nome dos pais ou Responsável: \_\_\_\_\_

### Iniciando Avaliação – Orientação:

- De quem é essa parte?



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Carimbo e Assinatura do Profissional