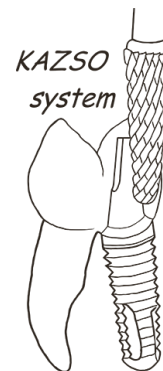


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12/d. Hattyas u. 6725 Szeged, HUNGARY



Dentist Name: _____

Due Date: _____

Patient Name: _____

Age: _____,

Sex: ☐ Male / ☐ Female

Type: ☐ ☐ ☐

Shade: _____



R																	L
	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28	
	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38	

- ☐ CoCr
- ☐ Zirconia
- ☐ Acryl
- ☐ Composite

- ☐ Press
- ☐ e.Max
- ☐ Temporary
- ☐ Implant

Note:
