



Denta-Tech

for a better smile

Denta-Tech

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Laborauftrag

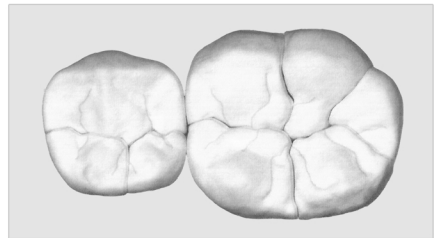
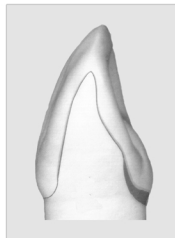
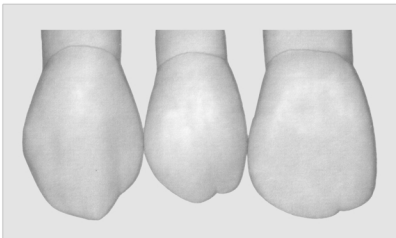
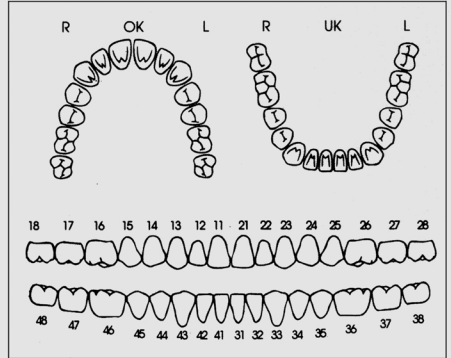
Datum: _____

Patient: _____

Tel. Patient: _____

Farbe: _____

Dr. med. dent. / Stempel



Liefertag: Mo Di Mi Do Fr Sa

Datum: _____

Zeit: _____

Für weitere Angaben bitte Rückseite verwenden