

ZAHNARZT

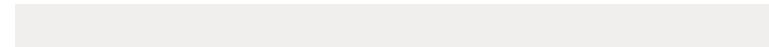


PREDENTAL

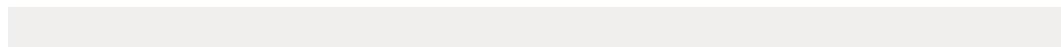
ALTER M/W/D ZAHNFARBE



PATIENT

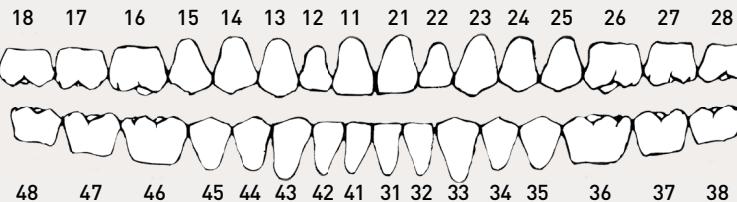


XML NUMMER



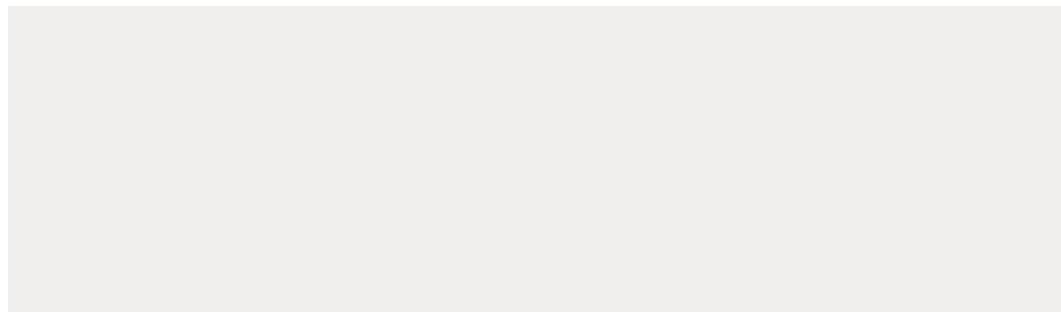
K RV GA AA P

AUFTAG



HOCHGOLDH. E-MAX
GOLD RED. ZIRKON MONOL
NEM ZIRKON VERBLENDET

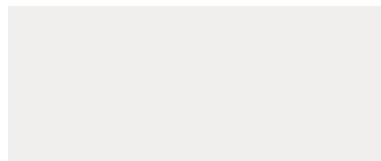
BEMERKUNGEN



TERMINE



EINGANG



FERTIGSTELLUNG



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BISSREG.		G.BOGEN

