

## Auftragsformular

Firma: \_\_\_\_\_

Patient: \_\_\_\_\_

Termin: \_\_\_\_\_

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

K = Krone vollanatomisch, KV = Krone vestibulär verblendet, MK = vollverblendete Krone,

B = Brückenglied vollanatomisch, BV = Brückenglied vestibulär verblendet, BM = Brückenglied vollverblendet,

T = Teleskopkrone, PK = Teilkrone, - = verblockt

Erläuterungen zur Arbeit:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

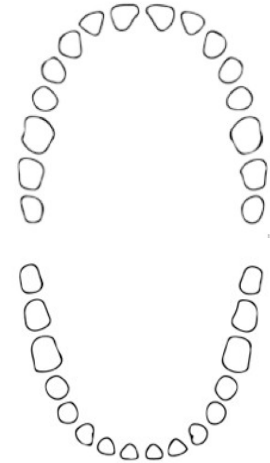
\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_



<p><b>Lieferumfang:</b></p> <p>Modelle _____</p> <p>Abdruck _____</p> <p><input type="checkbox"/> Analoge</p> <p><input type="checkbox"/> Bisse/e</p> <p><input type="checkbox"/> Artikulator</p> <p><input type="checkbox"/> Situ</p>	<p><b>Material:</b></p> <p><input type="checkbox"/> PEEK <input type="checkbox"/> sekundär</p> <p><input type="checkbox"/> Titan</p> <p><input type="checkbox"/> PMMA</p> <p><input type="checkbox"/> SLM</p> <p><input type="checkbox"/> millChrom</p> <p><input type="checkbox"/> millChrom Premium <input type="checkbox"/> sekundär</p> <p><input type="checkbox"/> e.max</p> <p><input type="checkbox"/> Zirkon <input type="checkbox"/> precolor in VITA Farbe _____</p> <p><input type="checkbox"/> Multilayer in <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C</p> <p><input type="checkbox"/> opak in <input type="checkbox"/> white <input type="checkbox"/> light <input type="checkbox"/> medium <input type="checkbox"/> intense</p>	<p><b>Weiteres:</b></p> <p><input type="checkbox"/> höckerunterstützt</p> <p><input type="checkbox"/> Kappe</p> <p><input type="checkbox"/> Rückenschutz</p> <p>_____</p> <p><input type="checkbox"/> Girlande</p> <p>_____</p>
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Ansprechpartner: \_\_\_\_\_

Telefon: \_\_\_\_\_

Datum: \_\_\_\_\_

Stempel Dentallabor