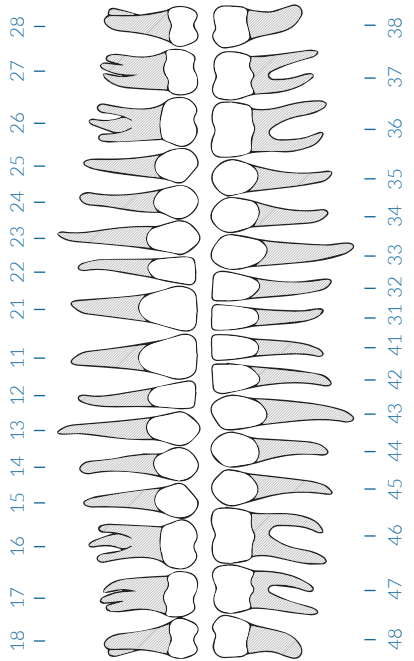

PATIENT

Name .....

Address .....

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City .....

Country .....

Tel .....

Surgery date .....

Notes .....

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.....

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info@ires.dental
www.ires.dental

IMPLANT **PASSPORT**

IMPLANT

Apply
implant label

Date Position

Apply
implant label

Date Position

Apply
implant label

Date Position

PROSTHETIC

Product description

Apply
prosthetic label

Date

Product description

Apply
prosthetic label

Date

Product description

Apply
prosthetic label

Date

IMPLANT

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implant label

Date Position

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