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PATIENT			SURGER	(/DENTIST			
MALE	FEMALE	AGE	date sen Notatic			FINISH DATE	
			R 8 7 R 8 7	6 5 4 3 6 5 4 3		1 2 3 4 5 1 2 3 4 5	6 7 8 UL 6 7 8 LL
			SHADE 8	STAINING			STUMP SHADE
			SUBSTRU NON PREC	CTURE MATERI PALLADIUM PREC	AL YELLOW GOLD	/ EMAX	ZIRCONIA
			IMPS		TECH NO	CHEC	KED
Statement This device conforms to the relevant essential requirements set out in Annex I of the medical devices directives (93/42/EEC). If there are any essential requirements not meet they shall be listed. This is a non sterile device. If you are dissatisfied with any part of this device no not fit it.							
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