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| Zubní laboratoř Dentila – zakázkový list |
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| Jméno pacienta / rodné číslo:Ordinace / ošetřující lékař: | Datum vystavení: |  |
| Datum přijetí: |  |
| Datum zkoušek: |  |
| Datum zhotovení: |  |

 |
| Popis práce:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 18 | 17 | 16 | 15 | 14 | 13 | 12 | 11 |

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| 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |

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| 48 | 47 | 46 | 45 | 44 | 43 | 42 | 41 |
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| 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 |
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| Specifikace výrobku dle kódů v ceníku:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Kód | Množství | Lokalizace |
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| Další poznámky: |