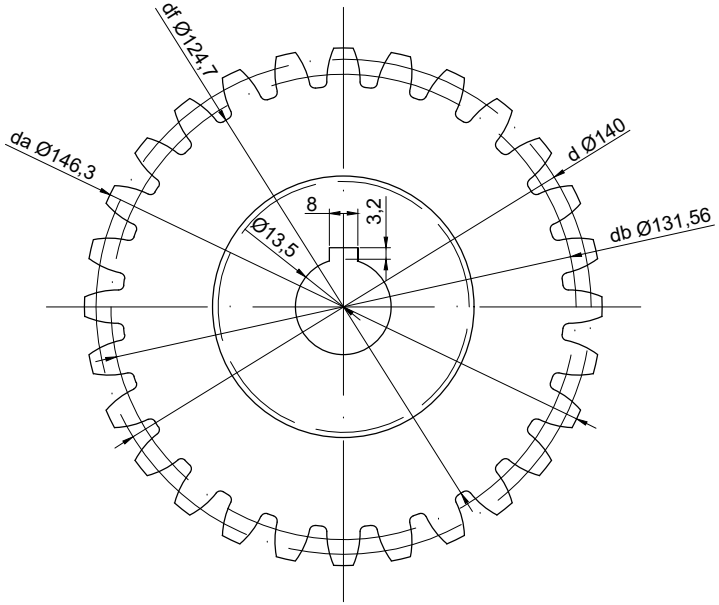

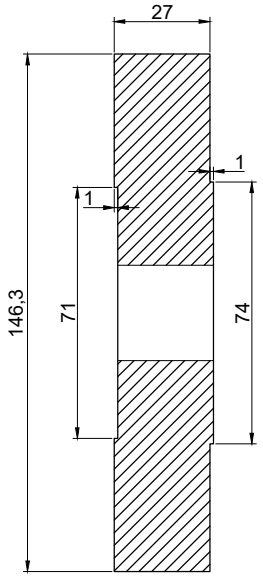

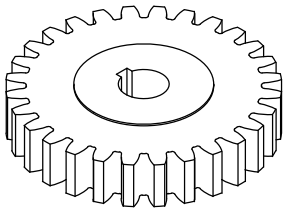

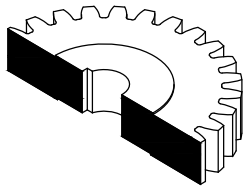

TITOLO ELABORATO	DATA	TIPO DI DENTATURA	MODULO	N. DENTI (Z)
N° COMMESSA	COMMITTENTE	DENTATRICE	UNITÀ DI MISURA QUOTE	
ELABORATO	REVISIONE	MATERIALE E TRATTAMENTO	SCALA	