



**DENTEK**  
dental laboratory

1145/6 Sok No: 4  
Aydınlar İş Merkezi B-Blok  
35110 Yenisehir /Izmir / TÜRKİYE  
Tel: +90 232 4698386  
Fax: +90 232 449 6960

[www.dentek.com.tr](http://www.dentek.com.tr)

[dentek@dentek.com.tr](mailto:dentek@dentek.com.tr)

Customer / Labor Name:

Sending Adress:

Casenummer:

Patientname:

## WORKING PAPER

Sent out Date (from Customer) \_\_\_\_\_

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: kronengerüst, b:brückenbiedgerüst, tk primaerteleoskop, ip: implantat, vb: verblend brückenglied, vk: verblendend keramik

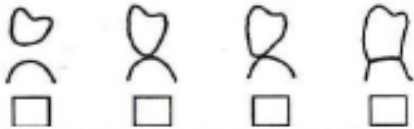
**Metall :**  Metall  Zirkon  Fullzirkon  Gold  Titan  Plastik /Wax

 **Vollverblendet**

 **Metallband**

 **Vestibulaer**

### PONTIC



Informations about the job:

**COLLOR:**

--	--	--	--	--	--	--	--	--	--

Date when you want the job  
back : \_\_\_\_\_

(Date-Signature)