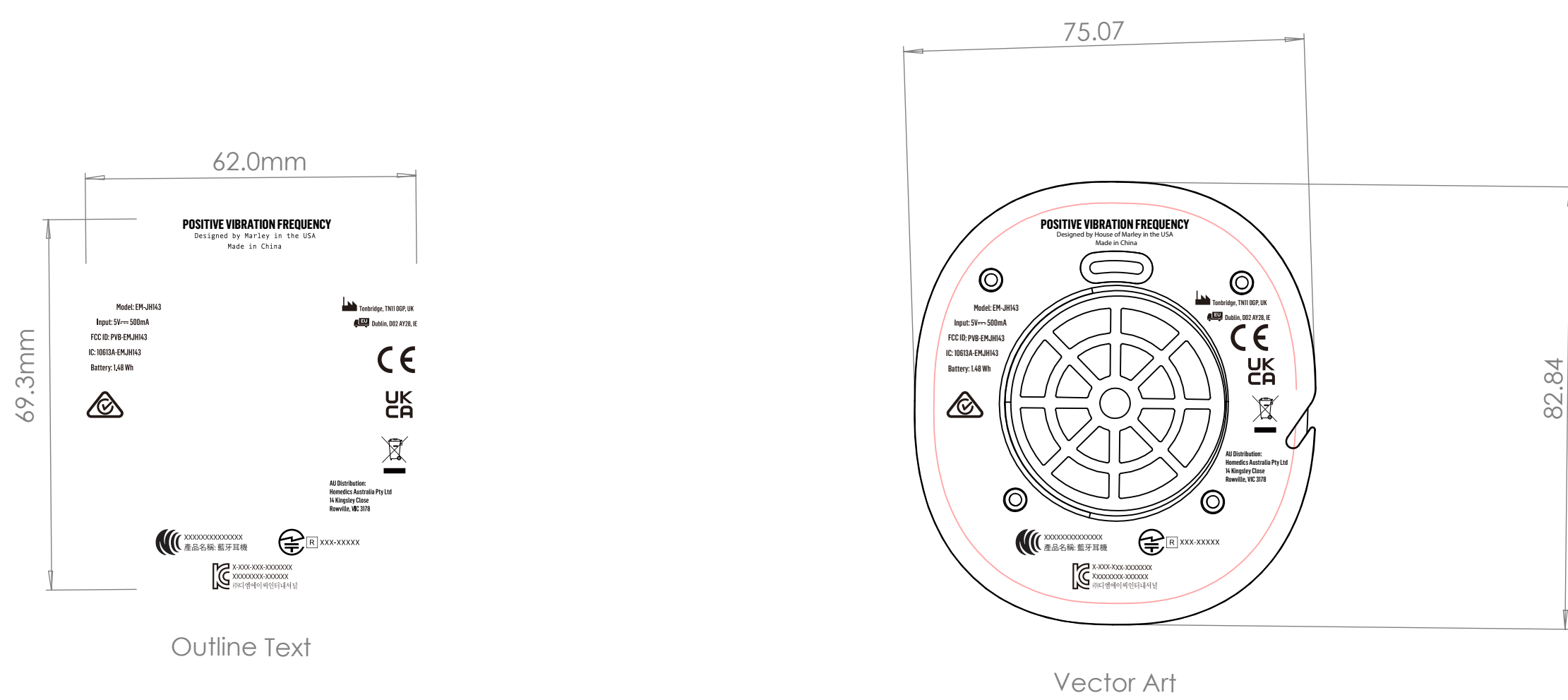




(PLEASE CHAIRSIDE SPECIFY: 1. DENTIST'S OR ENDODONTIST'S INITIALS AND PATIENT'S SURNAME: 2. CLINICAL FINDINGS: 3. RADIOGRAPHIC FINDINGS: 4. TREATMENT PLAN: 5. MATERIALS: 6. ANESTHESIA:		ENGLISH		DELIBERATE AND UNPREDICTABLE SEPARATE CLINICAL EXPOS		DO NOT SCALE DRAWING		REVISION:	
NAME		SIGNATURE		DATE		FILE:			
DENTAL: CHIRO: ANTHO: MFG: EXA:		MATERIAL:		DWG NO:		inner ear label part ⁶⁰			
WEIGHT:		SCALE: 1:1		SHEET: 01/1		4 3 2 1			