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Auftraggeber/Customer/Client:

**inTEGRAL® Frontzähne/Anteriors/Antérieures**

**Obere/Uppers/Supérieures**

Datum/Date:

Unterschrift/Signature:

Form/ Mould	Farbe/ Shade	A1	A2	A3	A3.5	A4	B1	B2	B3	B4	C1	C2	C3	C4	D2	D3	D4	Farbe/ Shade	Form/ Mould	Garnituren/Sets	
																					C
<b>C</b>	L																		L	<b>C</b>	
	M																		M		
	S																		S		
<b>B</b>	L																		L	<b>B</b>	
	M																		M		
	S																		S		
	XS																		XS		
<b>I</b>	L																		L	<b>I</b>	
	M																		M		
	S																		S		
Total																					

**Untere/Lowers/Inférieures**

Form/ Mould	Farbe/ Shade	A1	A2	A3	A3.5	A4	B1	B2	B3	B4	C1	C2	C3	C4	D2	D3	D4	Farbe/ Shade	Form/ Mould	Garnituren/Sets	
																					UC
<b>UC</b>	L																		L	<b>UC</b>	
	M																		M		
	S																		S		
<b>UB</b>	LL																		LL	<b>UB</b>	
	L																		L		
	M																		M		
	S																		S		
<b>UI</b>	XS																		XS	<b>UI</b>	
	L																		L		
	M																		M		
<b>UI</b>	S																		S	<b>UI</b>	
Total																					

**inTEGRAL® Seitenzähne/Posteriors/Postérieures**

Form/ Mould	Farbe/ Shade	A1	A2	A3	A3.5	A4	B1	B2	B3	B4	C1	C2	C3	C4	D2	D3	D4	Farbe/ Shade	Form/ Mould	Garnituren/Sets	
																					L
<b>L</b>	O																		O	<b>L</b>	
	U																		U		
<b>M</b>	O																		O	<b>M</b>	
	U																		U		
<b>S</b>	O																		O	<b>S</b>	
	U																		U		
Sondergröße/Extra Size/Taille Spéciale																					
<b>XS</b>	O																		O	<b>XS</b>	
	U																		U		
Total																					

O = Obere/Uppers/Supérieures, U = Untere/Lowers/Inférieures

**Bemerkungen/Notices/Remarques:**

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