



DENTAL

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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
C	L																		L	C	
	M																		M		
	S																		S		
B	L																		L	B	
	M																		M		
	S																		S		
	XS																		XS		
I	L																		L	I	
	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
UC	L																		L	UC	
	M																		M		
	S																		S		
UB	LL																		LL	UB	
	L																		L		
	M																		M		
	S																		S		
UI	XS																		XS	UI	
	L																		L		
	M																		M		
UI	S																		S	UI	
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
L	O																		O	L	
	U																		U		
M	O																		O	M	
	U																		U		
S	O																		O	S	
	U																		U		
Sondergröße/Extra Size/Taille Spéciale																					
XS	O																		O	XS	
	U																		U		
Total																					

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

Bemerkungen/Notices/Remarques:
