

アルテックデントオーダー用紙 年 月 日

歯科医院名: 様

患者名: 様

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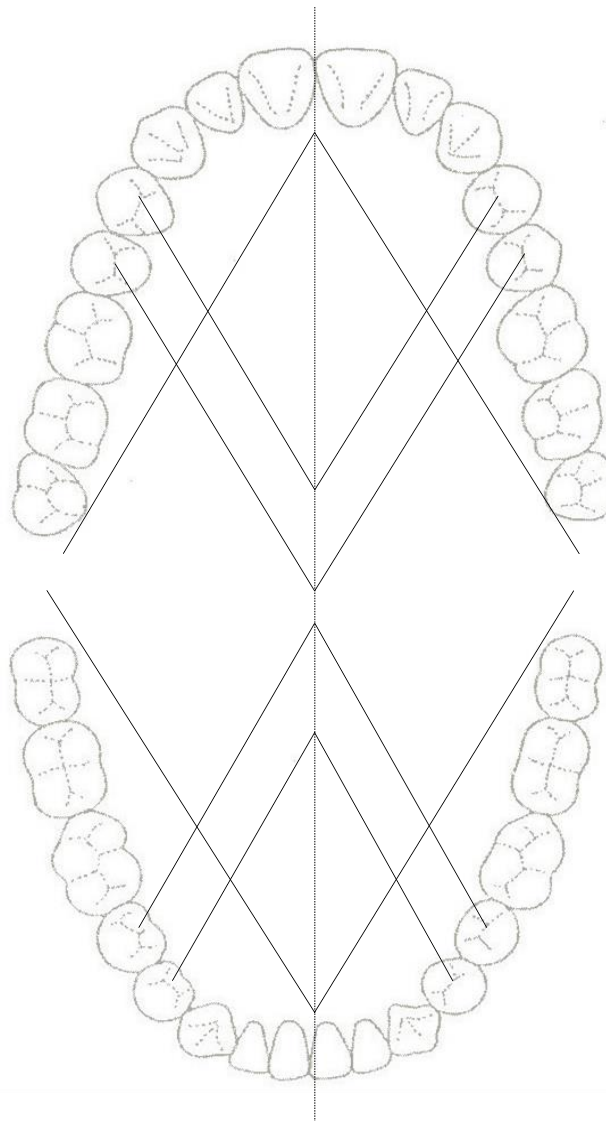
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