

Auftraggeber

| |
|------------------|
| Labor: |
| Adresse: |
| Ansprechpartner: |
| Kundennummer: |
| EU-Ust.-ID. Nr: |

oder per Fax-Nr.: **+41 52 634 04 30**
 oder per E-Mail : **info@tecor-dental.com**



PREMIUM – 3-Schicht-Kunststoffzähne - Frontzähne

Bitte in den jeweiligen Feldern die Anzahl der gewünschten Formen und Farben eintragen.

| Formen | Farben | | | | | Frontzähne / Anteriors - Oberkiefer / Uppers | | | | | | | | | | |
|--------|--------|----|----|------|----|--|----|----|----|----|----|----|----|----|----|----|
| | A1 | A2 | A3 | A3,5 | A4 | B1 | B2 | B3 | B4 | C1 | C2 | C3 | C4 | D2 | D3 | D4 |
| R 1 | | | | | | | | | | | | | | | | |
| R 2 | | | | | | | | | | | | | | | | |
| R 3 | | | | | | | | | | | | | | | | |
| R 4 | | | | | | | | | | | | | | | | |
| R 5 | | | | | | | | | | | | | | | | |
| R 6 | | | | | | | | | | | | | | | | |
| R 7 | | | | | | | | | | | | | | | | |
| R 8 | | | | | | | | | | | | | | | | |
| U 1 | | | | | | | | | | | | | | | | |
| U 2 | | | | | | | | | | | | | | | | |
| U 3 | | | | | | | | | | | | | | | | |
| U 4 | | | | | | | | | | | | | | | | |
| U 5 | | | | | | | | | | | | | | | | |
| U 6 | | | | | | | | | | | | | | | | |
| U 7 | | | | | | | | | | | | | | | | |
| X 1 | | | | | | | | | | | | | | | | |
| X 2 | | | | | | | | | | | | | | | | |
| X 3 | | | | | | | | | | | | | | | | |
| X 4 | | | | | | | | | | | | | | | | |
| X 5 | | | | | | | | | | | | | | | | |
| X 6 | | | | | | | | | | | | | | | | |

| Formen | Farben | | | | | Frontzähne / Anteriors - Unterkiefer / Lowers | | | | | | | | | | |
|--------|--------|----|----|------|----|---|----|----|----|----|----|----|----|----|----|----|
| | A1 | A2 | A3 | A3,5 | A4 | B1 | B2 | B3 | B4 | C1 | C2 | C3 | C4 | D2 | D3 | D4 |
| Z 1 | | | | | | | | | | | | | | | | |
| Z 2 | | | | | | | | | | | | | | | | |
| Z 3 | | | | | | | | | | | | | | | | |
| Z 4 | | | | | | | | | | | | | | | | |
| Z 5 | | | | | | | | | | | | | | | | |
| Z 6 | | | | | | | | | | | | | | | | |
| Z 7 | | | | | | | | | | | | | | | | |
| Z 8 | | | | | | | | | | | | | | | | |
| Z 9 | | | | | | | | | | | | | | | | |

Hiermit bestellen wir zu den Allgemeinen Geschäftsbedingungen der Tecor-Dental AG die oben angeführten Kunststoffzähne. Die Preise (laut aktueller Preisliste) verstehen sich in CHF zuzüglich des jeweils gültigen Mehrwertsteuersatzes.

Ort, Datum: _____

Unterschrift _____