

Dokumentation zur Nr. UPTg BEMA

Name, Vorname: _____ Datum: _____

geb. am: _____

Datum: _____

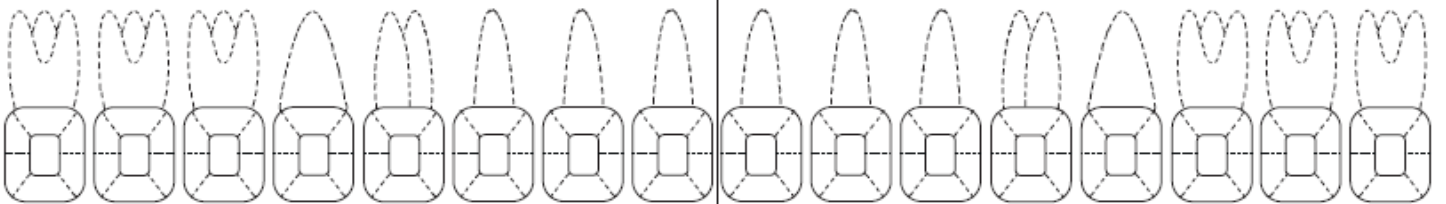
UPT e, f erforderlich an (mit Kreuz kennzeichnen)

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Oberkiefer



rechts

links

Unterkiefer

FB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FB
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UPT e, f erforderlich an (mit Kreuz kennzeichnen)

Knochenabbau in %: _____

Angabe KA %/Alter: _____

Bemerkungen:
