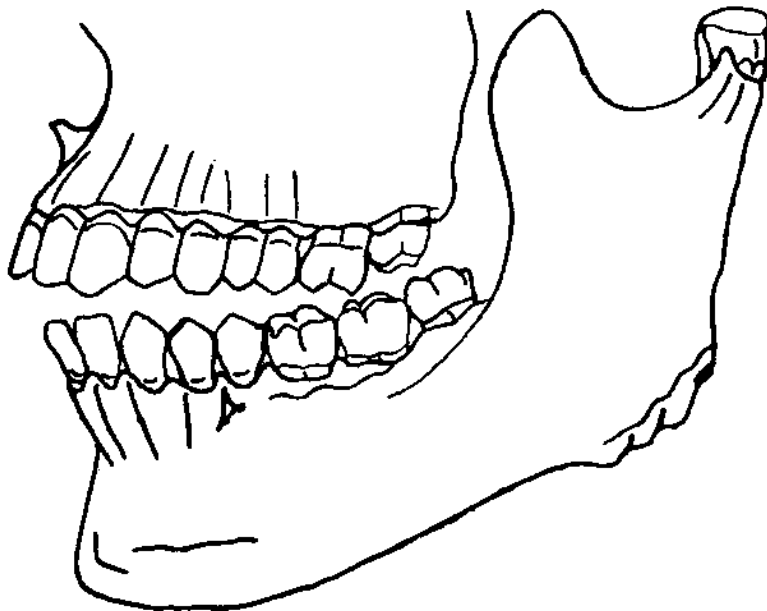
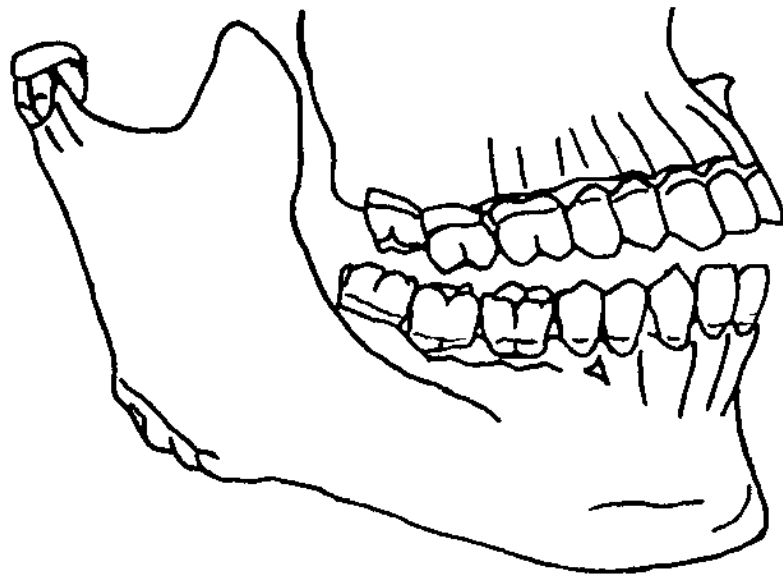


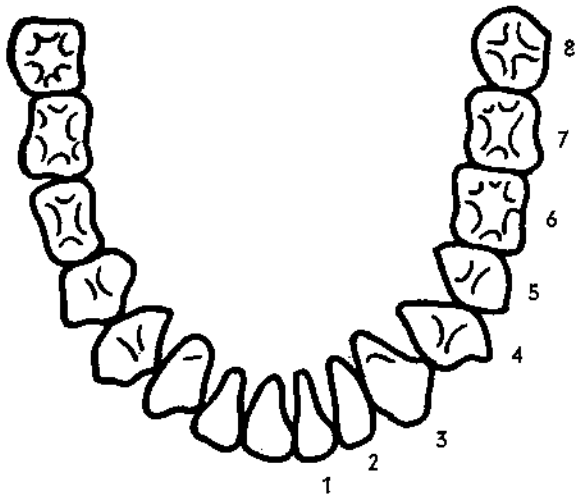
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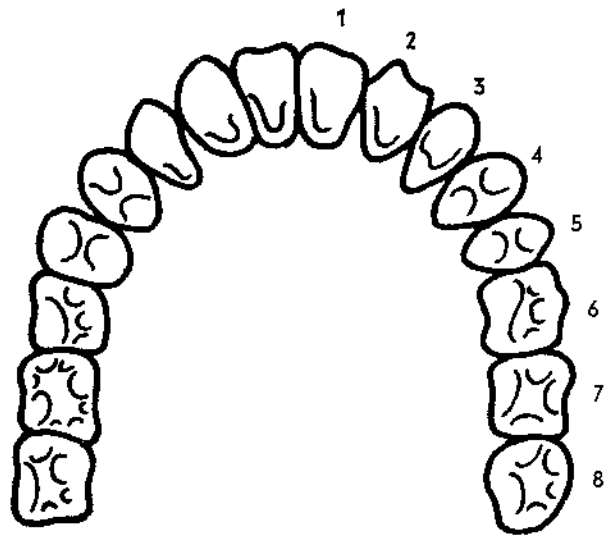


Az.:

Name:



Untere Zahnreihe



Obere Zahnreihe

