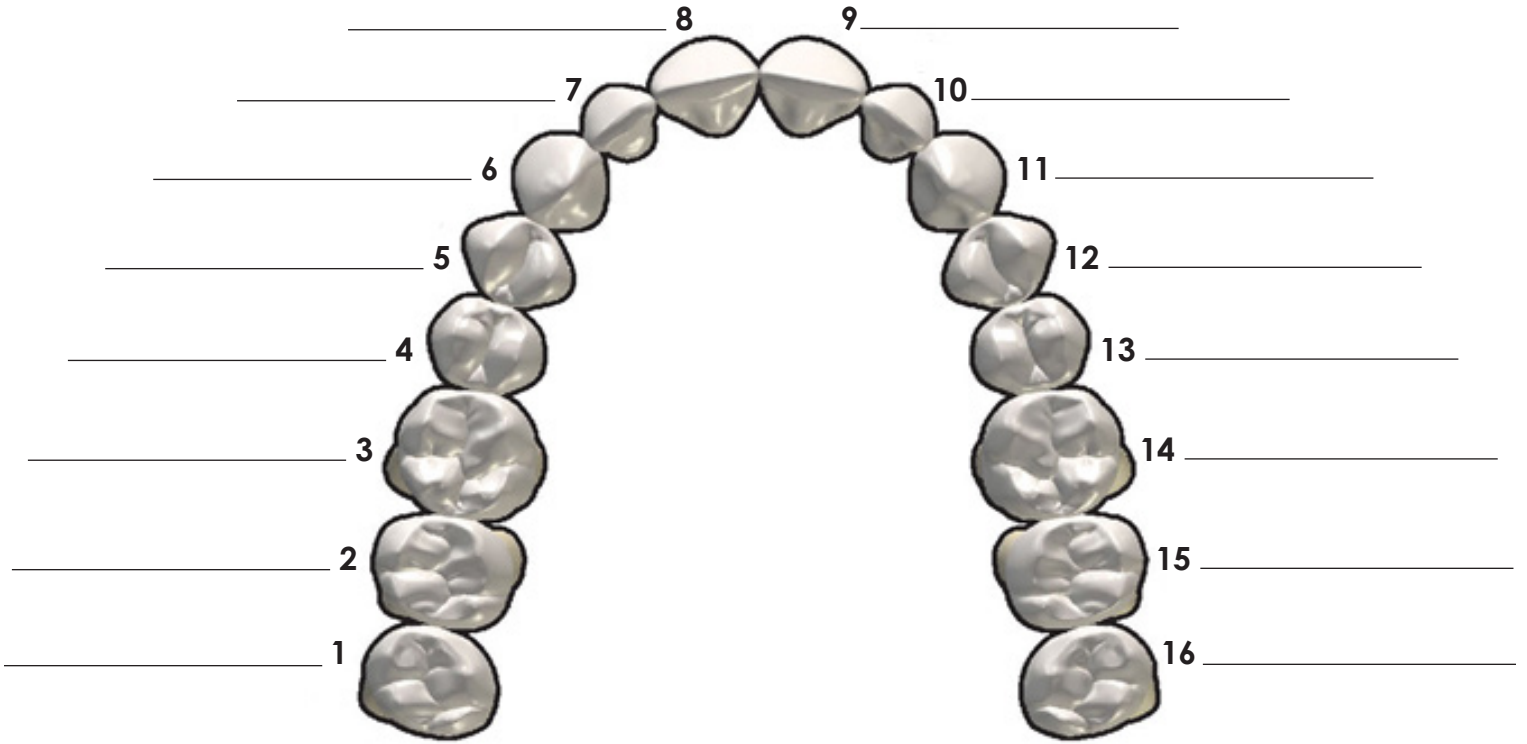


Implant Data Collection

Patient Name: _____

MAXILLARY



MANDIBULAR

