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| PO: Gen DDS:  Patient Name:  Sx: Date:  Type of Impl: Hyg:  Torque on Impl: Abutment:  Take: X-ray CT Photos Impressions – U / L  Pending Tx:  Possible Release? | PO: Gen DDS:  Patient Name:  Sx: Date:  Type of Impl: Hyg:  Torque on Impl: Abutment:  Take: X-ray CT Photos Impressions – U / L  Pending Tx:  Possible Release? |
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