

**Contact**

Family Name	.....	Regular phone	.....
First (given) Name	.....	Mobile phone	.....
Clinic Name	.....	Homepage	.....
Street	.....	Email	.....
additional	.....	Date of birth	.....
City	.....	Please return with your order to	
Postal code	.....	<b>SAM-fax: +49/89/80.06.54.32</b>	
Country	.....	<b>email: info@sam-dental.de</b>	

**Artikulator + MPI - Mandibular Position Indicator**



2 lines

max. 12 characters

example

D	r	.	A	.	C	a	n	a	b	e
B	a	r	c	e	l	o	n	a		

your Text


Text will always be centered below mounting plate nut screw

**ATB - Anatomic Transferbow AXIOQUICK**



2 lines

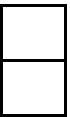
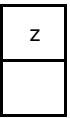
each max. 12 characters

example

D	r	.	A	.	C	a	n	a	b	e
B	a	r	c	e	l	o	n	a		

your Text


Text will be left oriented - no FACE logo



v

