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ORDINACIJA DENTALNE MEDICINE:

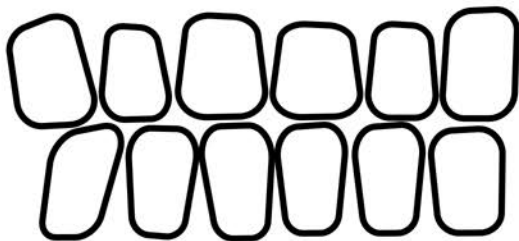
DATUM:

BROJ RADNOG NALOGA:

IME I PREZIME PACIJENTA:

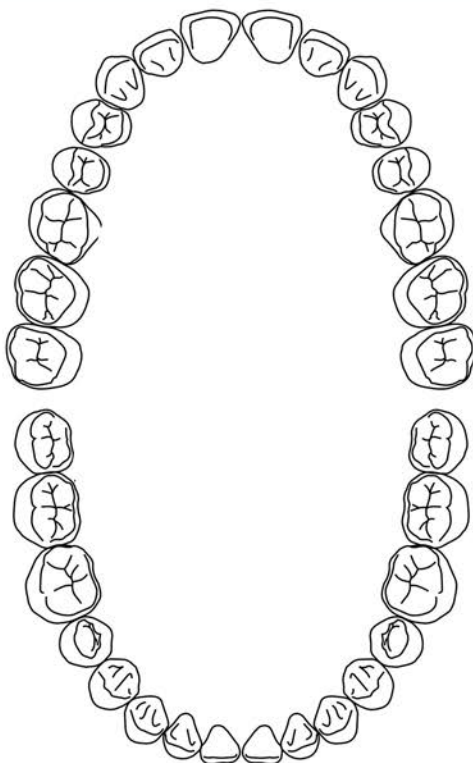
ADRESA:

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BOJA:

ŠIFRA PROTETSKOG NADOMJESTKA:



NAPOMENA: