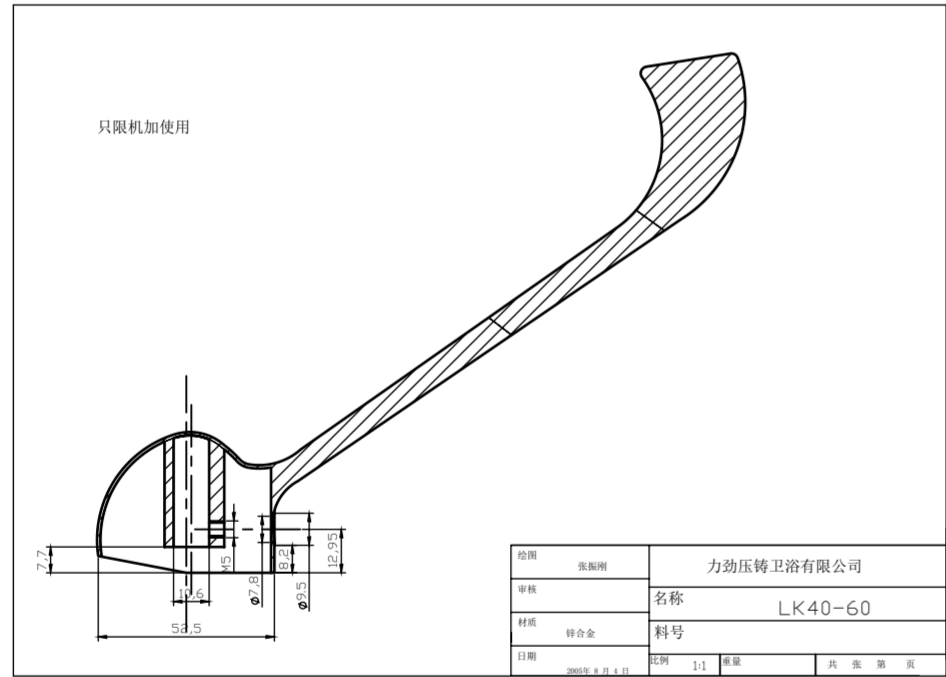


	CLINICA 40		
	605400001		

1	2	3	4
RevNo	Revision note	Date	Signature Checked



Itemref	Quantity	Title/Name, designation, material, dimension etc			Article No./Reference
Designed by XXX	Checked by XXX	Approved by - date XXX - 00/00/00	File name XXX	Date 00/00/00	Scale 1:1
XXX		XXX			
		X	Edition 0	Sheet 1/1	