



UNIVERSIDAD NACIONAL AUTÓNOMA DE MÉXICO

FACULTAD DE ODONTOLÓGÍA

JEFATURA DE PROVEEDURÍA E INVENTARIOS

ParaPost® Fiber Lux



DEPARTAMENTO SOLICITANTE:

TURNO

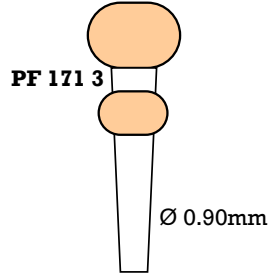
FECHA DE SOLICITUD

No. REPUESTOS SOLICITADOS

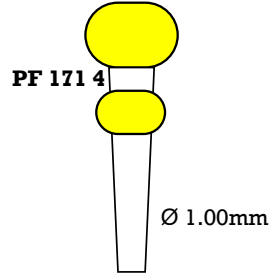
PERNOS

Múltiplos de 5 recibos

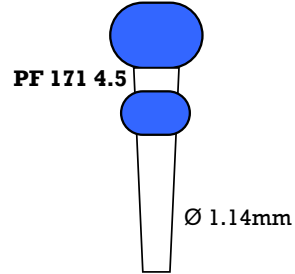
CAFE



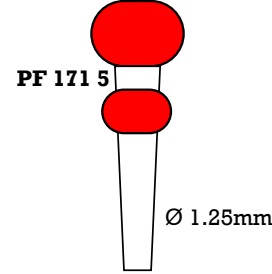
AMARILLO



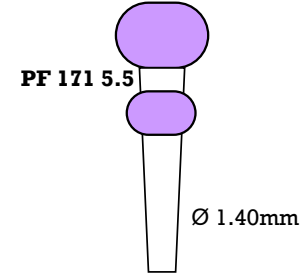
AZÚL



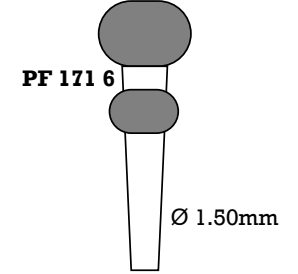
ROJO



MORADO



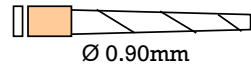
NEGRO



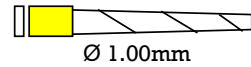
FRESAS

Múltiplos de 3 recibos

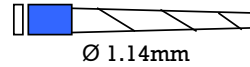
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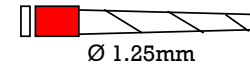
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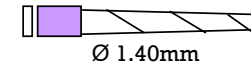
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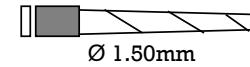
5



5.5



6



RECIBÍ: _____ PERNOS ParaPost® Fiber Lux

RECIBÍ: _____ FRESAS ParaPost® Fiber Lux

NOMBRE: _____

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