

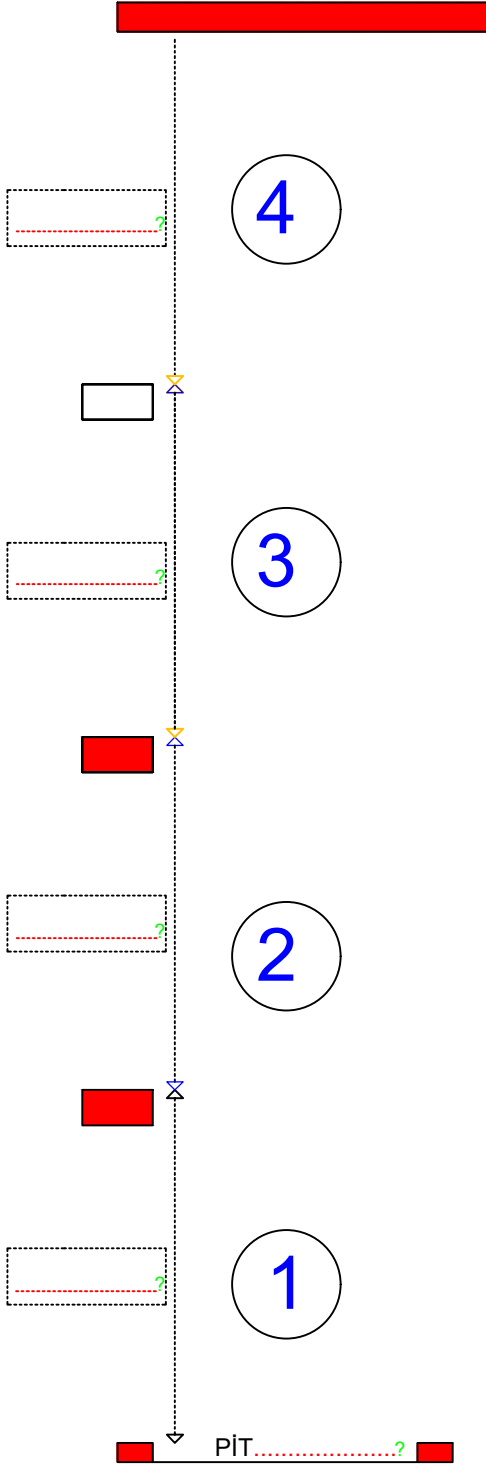
4 DURAK TEŞHİS FORMU

REFERANS:

TARİH:

ÖLÇÜYÜ ALAN:

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KAPI YÖNÜ 1	A	<input type="checkbox"/>	B	<input type="checkbox"/>	C	<input type="checkbox"/>	D	<input type="checkbox"/>
KAPI YÖNÜ 2	A	<input type="checkbox"/>	B	<input type="checkbox"/>	C	<input type="checkbox"/>	D	<input type="checkbox"/>
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KAPI MENTEŞE YÖNÜ	SOL	<input type="checkbox"/>	SAĞ	<input type="checkbox"/>				
RAL KODU?							

NOTLAR:
