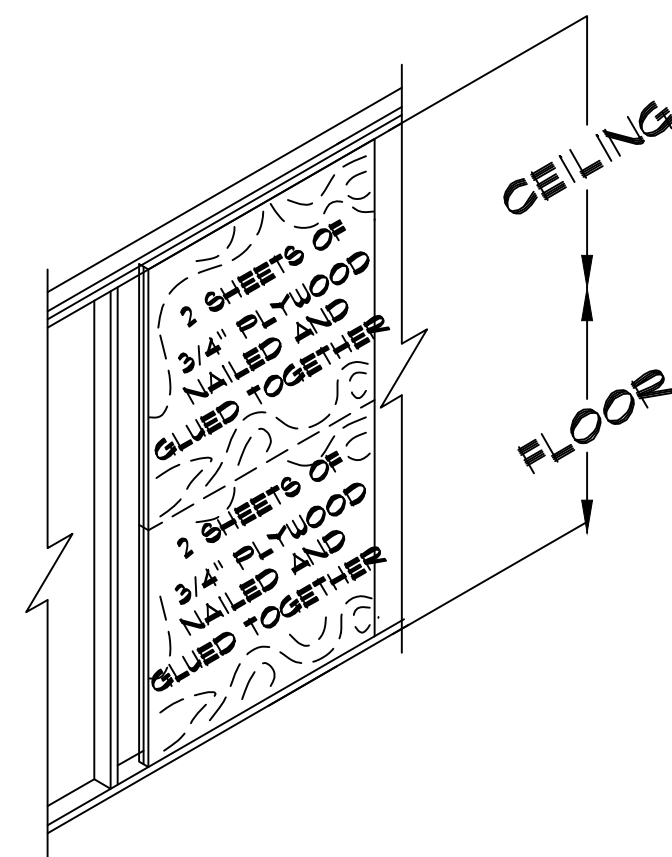
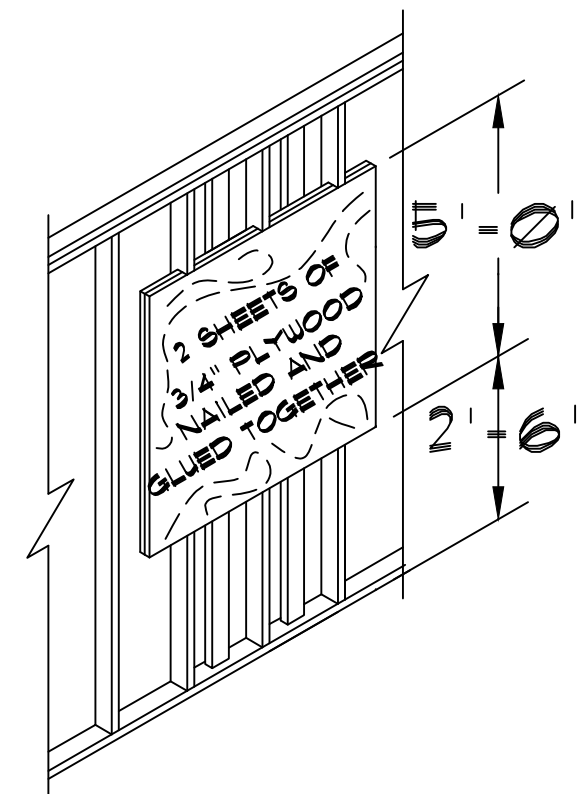


**01 CARPENTRY NOTES**

\*ALL SPECIFICATIONS TO BE VERIFIED BY A PATTERSON REPRESENTATIVE IN THE FIELD



**02 PANORAMIC X-RAY BACKING**



**03 X-RAY BACKING**

**PATTERSON  
DENTAL**

405 S. NOLEN, SUITE 100  
SOUTHLAKE, TX 76092  
817-305-4200  
FAX 817-305-4201

**A NEW DENTAL OFFICE FOR  
DR. SOILEAU**

EQUIPMENT SPECIALIST: JOHN TESSITORE

THESE DRAWINGS AND SPECIFICATIONS ARE THE PROPERTY OF PATTERSON DENTAL. ANY REPRODUCTION OR USE OF THESE DRAWINGS WITHOUT THE WRITTEN PERMISSION OF PATTERSON DENTAL IS STRICTLY PROHIBITED. THE USER SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM ALL APPLICABLE AGENCIES. THE USER SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM ALL APPLICABLE AGENCIES. THE USER SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM ALL APPLICABLE AGENCIES.

Project No.:	08-025
Date:	OCTOBER 21, 2013
Detailed By:	KAREN BENNETT
Sheet:	
Scale:	1/4" = 1'-0"
Issue:	
Revision:	
1:	
2:	

Sheet No.: