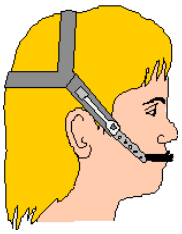
# 矯正装置装着時間表

No.＿＿＿＿　氏名＿＿＿＿＿＿＿＿

- この装置は 1日最低 14時間装着してください
- 夜寝る時はもちろん，それ以外の時間も利用して努力してみてください．
- 毎日の装着時間をこの表に記録して，来院時に先生に見せてください．
- 来院時には，この装置の装着時間表を忘れずに持ってきてください．




**スマイル矯正歯科クリニック**

〒790-0012　松山市湊町 4－ 12－ 9 メゾンM2ビル2F

電話 089-986-7080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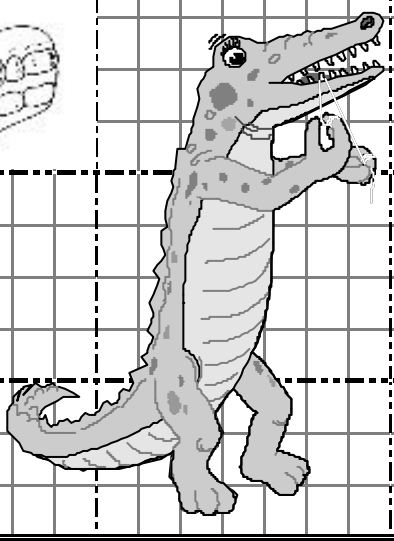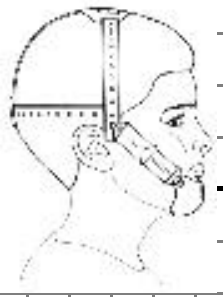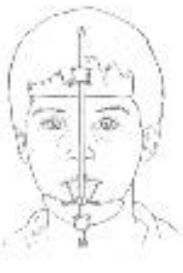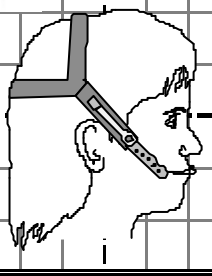
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