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| **Ihr nächster Termin**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Wochentag | | | | | | Datum | | Uhrzeit | | | MO | DI | MI | DO | FR | |  |  | | MO | DI | MI | DO | FR | |  |  | | MO | DI | MI | DO | FR | |  |  | | MO | DI | MI | DO | FR | |  |  | | MO | DI | MI | DO | FR | |  |  |   **Stempel**  Wir bitten Sie, Ihren Termin bei Verhinderung, spätestens 24 Stunden vor der Behandlung, abzusagen. Nicht rechtzeitig abgesagte Termine können wir Ihnen privat in Rechnung stellen. | Wir bitten Sie, Ihren Termin bei Verhinderung, spätestens 24 Stunden vor der Behandlung, abzusagen. Nicht rechtzeitig abgesagte Termine können wir Ihnen privat in Rechnung stellen.  **Stempel**  **Ihr nächster Termin**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Wochentag | | | | | | Datum | | Uhrzeit | | | MO | DI | MI | DO | FR | |  |  | | MO | DI | MI | DO | FR | |  |  | | MO | DI | MI | DO | FR | |  |  | | MO | DI | MI | DO | FR | |  |  | | MO | DI | MI | DO | FR | |  |  | |  |  |  |
| **Ihr nächster Termin**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Wochentag | | | | | | Datum | | Uhrzeit | | | MO | DI | MI | DO | FR | |  |  | | MO | DI | MI | DO | FR | |  |  | | MO | DI | MI | DO | FR | |  |  | | MO | DI | MI | DO | FR | |  |  | | MO | DI | MI | DO | FR | |  |  |   **Stempel**  Wir bitten Sie, Ihren Termin bei Verhinderung, spätestens 24 Stunden vor der Behandlung, abzusagen. Nicht rechtzeitig abgesagte Termine können wir Ihnen privat in Rechnung stellen. | **Ihr nächster Termin**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Wochentag | | | | | | Datum | | Uhrzeit | | | MO | DI | MI | DO | FR | |  |  | | MO | DI | MI | DO | FR | |  |  | | MO | DI | MI | DO | FR | |  |  | | MO | DI | MI | DO | FR | |  |  | | MO | DI | MI | DO | FR | |  |  |   **Stempel**  Wir bitten Sie, Ihren Termin bei Verhinderung, spätestens 24 Stunden vor der Behandlung, abzusagen. Nicht rechtzeitig abgesagte Termine können wir Ihnen privat in Rechnung stellen. |  |  |  |