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| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | 診療時間 | 月 | 火 | 水 | 木 | 金 | 土 | 日 | | 0:00~00:00 | ● | ● | ● | ● | ● | ● | ／ | | 0:00~00:00 | ● | ● | ／ | ● | ● | ／ | ／ |     **◯◯整体院**  **TEL 000-000-0000**  　電話受付時間/0:00～00:00  ●キャンセル、ご要約日を変更したい場合はご連絡ください |  |
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