APPLIANCE WEARING RECORD FOR _____

Please record the number of hours worn each day.

Bring this card and your appliance with you to each appointment.

WEEK BEGINS	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	WEEK BEGINS	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
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