訪問歯科お問合せ用紙

令和　　年　　月　　日

お問合せ年月日

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|  |  |  |  |  | お悩み理由 | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  | １．入れ歯が合わない | | | | | | | | | | | | | | |  |  | ２．入れ歯を新しく作りたい | | | | | | | | | | | | | | | | | | | |  |  | ３．歯が痛い | | | | | | | | | |  |  |  |  |
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|  |  |  |  |  | ４．歯ぐきが痛い | | | | | | | | | | | | |  |  | ５．口臭が気になる | | | | | | | | | | | | | |  |  | ６．飲み込みがむずかしい | | | | | | | | | | | | | | | | | |  |  |  |  |
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1. 入れ歯が合わない

2. 入れ歯を新しく作りたい

3. 歯が痛い

4. 歯ぐきが痛い

5. 口臭が気になる

6. 飲み込みがむずかしい

7. その他　（　　　　　　　　　　　　　　　　　）

※ご本人とお問合せの方が異なる場合のみご記載下さい。

訪問歯科治療をご希望の方は、上記質問内容をご記入の上、下記までFAXか郵送下さい。

確認後、早急にご連絡致します。　※お電話によるお申し込みも可能です。

あおい杜在宅歯科クリニック仙台中央

〒984-0816 宮城県仙台市若林区河原町1 - 4 - 35 - 101

TEL 022 - 265 - 1822　　FAX 022 - 225 - 0065