|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **日** | **月** | **火** | **水** | **木** | **金** | **土** |
|  | 2/27 | 2/28 | 1 | 2 | 3 | 4 |
|  | **○**  | **○** | **○** | 休 | **○** | **○** |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 休 | **○** | **○** | **○** | **△** | **○** | **○** |
| 12 |  13 | 14 | 15 | 16 | 17 | 18 |
| 休 | **○** | **○** | **○** | 休 | **○** | **○** |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 休 | 休 | **○** | **○** | **△** | **○** | **○** |
| 26 | 27 | 28 | 29 | 30 | 31 | 4/1 |
| 休 | **○** | **○** | **○** | 休 | **○** | **○** |

**○**：午前午後診療　**△**：午前診療　**休**：休診

**午前診（８：３０～１２：００）**

**午後診（１５：３０～２０：００）**