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|  | Tydzień | | | | | |
|  | | Poniedziałek | |  | Wtorek | |
|  | | NAZWA | Numer |  | Imię i nazwisko | Numer | |
| 8:00 | | Tu wpisz nazwisko klienta | 404.555.0132 | 8:00 |  |  | |
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|  | | Środa | |  | Czwartek | |
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|  | | Piątek | |  | Sobota/Niedziela | |
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