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Expander Adjustment Chart

Place a ✓ in the box for each day you turn your RPE Appliance.

If you miss a turn, please *do not* turn the expander twice the next day.

Patient Name: _____

Date Started: _____

It should be getting easier to turn!

Number of Turns:

1	2	3	4	5	6	7	8	9	10	11	12	13	14

Number of Turns:

1	2	3	4	5	6	7	8	9	10	11	12	13	14

Keep Going!
You're Doing Great!

Number of Turns:

1	2	3	4	5	6	7	8	9	10	11	12	13	14

Almost Done!!

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