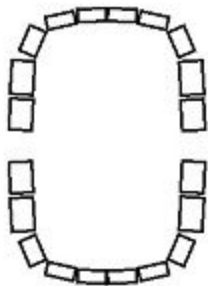




Dentist Chart

Name _____



Do you brush your teeth?

Do you floss your teeth?

Do you eat healthy food?

Notes:
