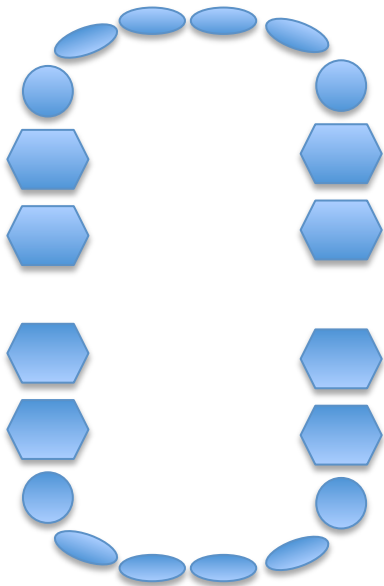




Dentist Chart

Name: _____



Do you brush your teeth?

Do you use toothpaste with fluoride?

Do you eat healthy food?

Notes:
