







Brushing my teeth





Put a small dot of toothpaste on my toothbrush.





Put water from the tap on my toothbrush.





BRUSH MY TEETH:

- -TOP TEETH
- -BOTTOM TEETH
- -FRONT TEETH





Split the toothpaste in my mouth into sink.





Rinse my mouth and toothbrush with water.

DENTIST OFFICE HOURS

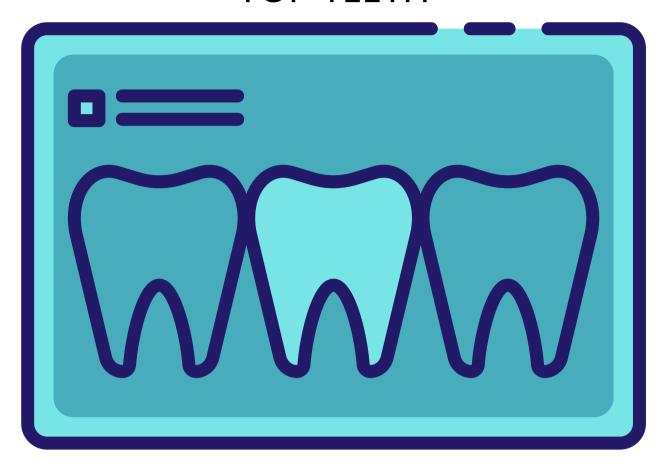


MONDAY ----- TO -----**TUESDAY** _____ TO _____ WEDNESDAY _____ TO _____ THURSDAY _____ TO ------FRIDAY

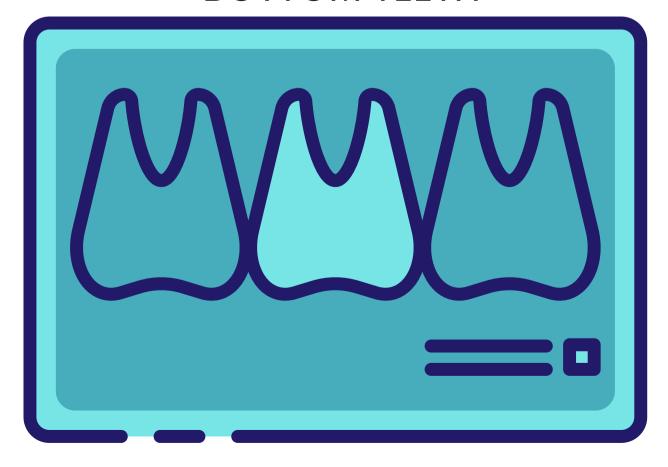
SATURDAY ----- TO -----

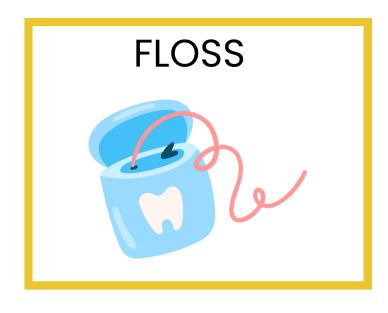
SUNDAY

TOP TEETH



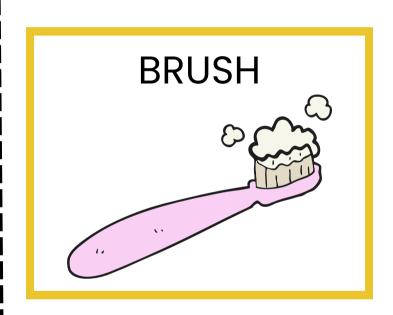
BOTTOM TEETH















PATIENT APPOINTMENTS



TIME	NAME
8:00	
9:00	
10:00	
11:00	
12:00	
1:00	
2:00	
3:00	
4:00	
5:00	

CHECKUP

NAME: —————

DATE:

AGE: _____

Cavities? yes _____ No ____



Do you brush your teeth?

yes — No —

Do you floss your teeth?

yes — No — —