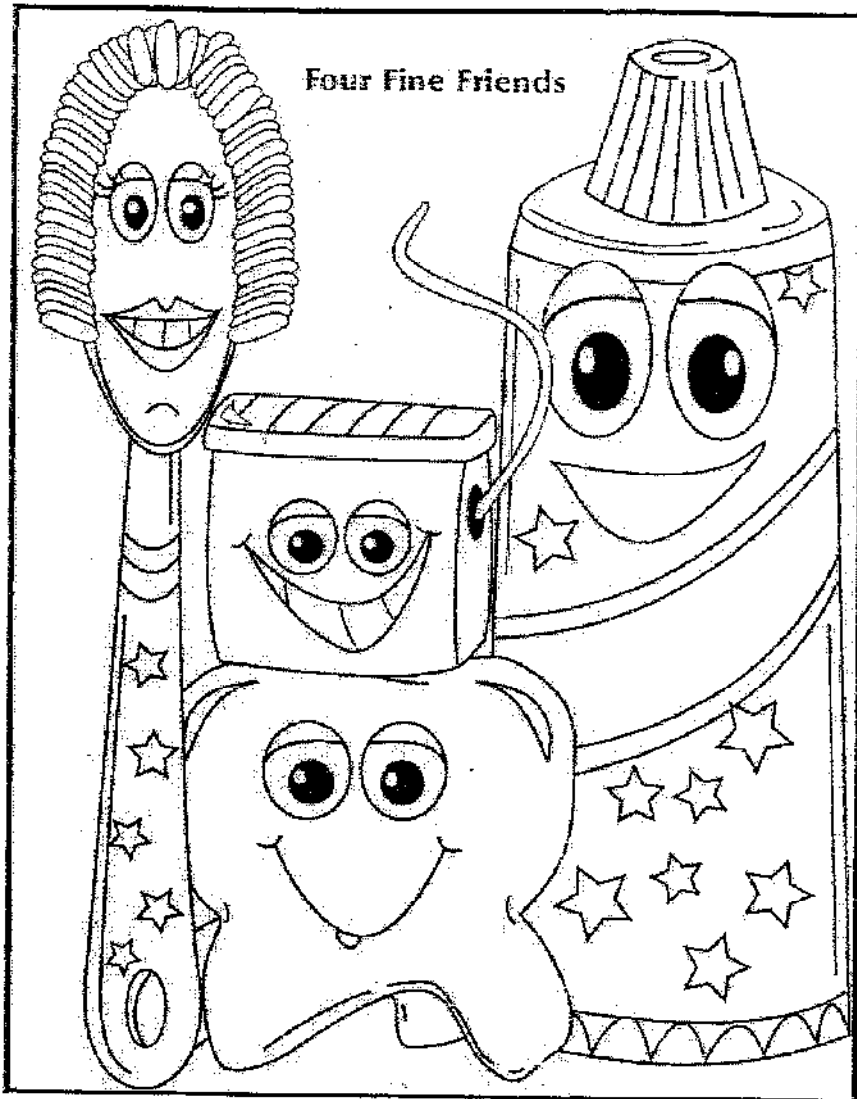


Name _____

Please color the picture and check off each day and night as you brush and floss your teeth!



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Return to school when done!

Children's Dental Care
Lakeville 952-997-7100
Savage 952-440-5100
www.childrensdentalc.com