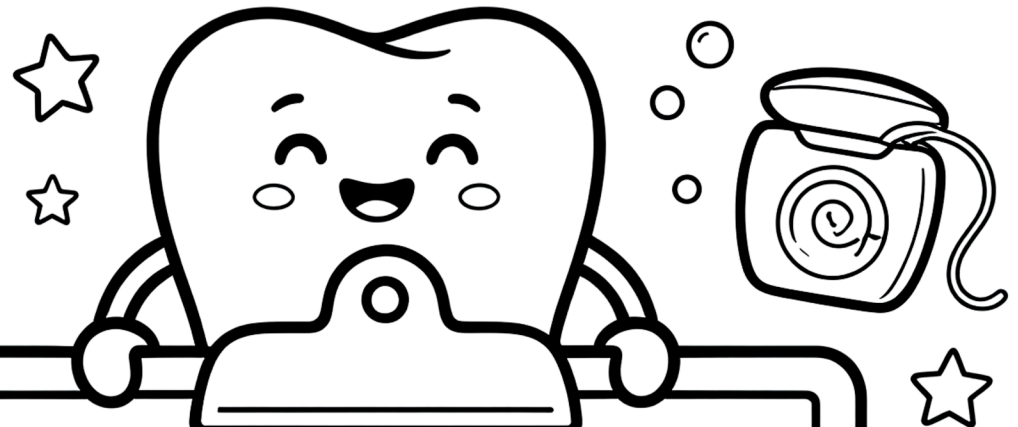


NAME: _____

DATE: _____



MY DAILY DENTAL CARE CHECKLIST!

 **BRUSH**
(TWICE A DAY)

 **FLOSS**
(EVERY DAY)

 **RINSE**
(AFTER EATING)

 **SMILE!**

