Name: _____ Date: _____

Brushing your teeth

Y X X L H K I Y D E U L S J B W W O S B H X P W
S U Z J H R B A T H U W B I L Z T Z D W B O Q V
H S A J L L W S Z B V H L U T Z O W E G F B I G
U T S H S H A W O S Z I S R C C O G U K U I G L
H U L D Q P C V S M R T T J U T T Y J K X T U O
N S Z A H D Q K J O Y E Z P Y S H R F H W S T X
B Y U T E F S D E U M U G S U N B V F L Q T H S
X Q O R C H D T N T F T B K F P R A K C J V A A
T O N D B X C I H H E Z V V H P U O Z E M F O K
T M Q G M A X S Q F Y V B E G D S D F G W X C J
T S U U V A H E S Q Z H R U E N H N U U L Z G X
I C N I W W K C G C H X N E U N W G N H F C C Z
T H T U B Y G A S P G M R M U T S I T N E D T I
R Y W U C F U R C C U X V U P X G U B V F S E W
Y Z W E D H A B B E J K C S D T M W E T C P G W
K Y K B A X Q K L X O Y C G B D A N B R I E T U
T X B R C R B I K O N G M E Q Z E W N V N O R V
B H U T P R M T A W N Q H D H R H W W A R U V Z
U V Y J T S Y Z E Q T T D Z D C F A C B O R I X
K K Q C N W I Z N L A S K B B B K P W F R E S H
T N K B A T I I N E U L I O J P C Z V U I O S H
M V Y C N U Z X R S R T C L E H O H Z L Q J O R
Z H M K C D J B M W L G V H B G P K O U D L L X
W T P E H E D L X T E E T H Z X A O Y M U S F T

Toothpaste
Dentist
Health
Fresh
Smile

Toothbrush
Braces
Cavity
Floss
White

Checkup
Breath
Mouth
Brush
Teeth