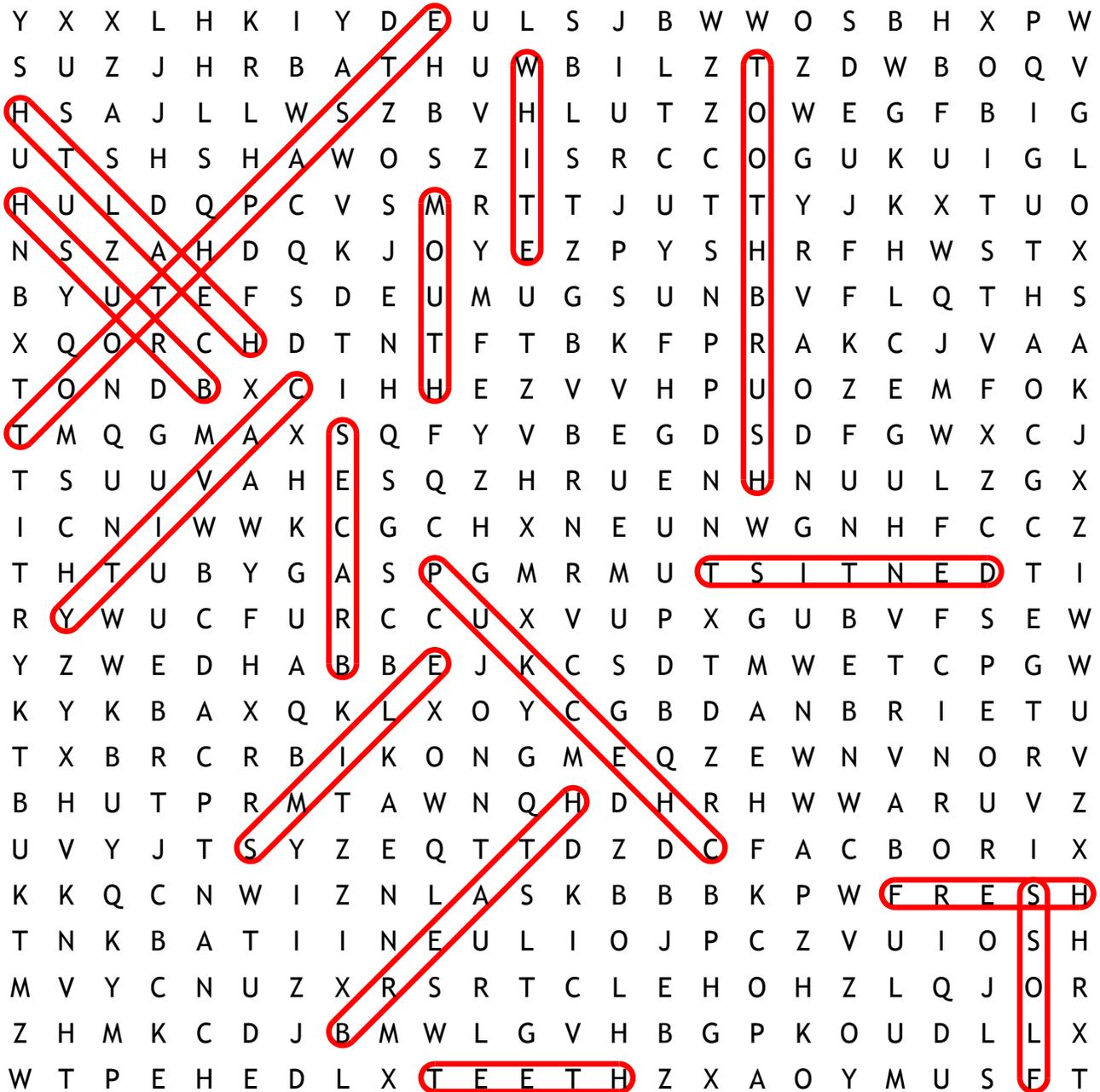


Name: _____

Date: _____

Brushing your teeth



Toothpaste
Dentist
Health
Fresh
Smile

Toothbrush
Braces
Cavity
Floss
White

Checkup
Breath
Mouth
Brush
Teeth