



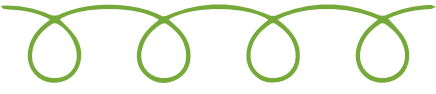






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FOR PEDIATRIC DENTISTRY

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I Brushed My Teeth!

		Morning	Night
Monday		<input type="checkbox"/>	<input type="checkbox"/>
Tuesday		<input type="checkbox"/>	<input type="checkbox"/>
Wednesday		<input type="checkbox"/>	<input type="checkbox"/>
Thursday		<input type="checkbox"/>	<input type="checkbox"/>
Friday		<input type="checkbox"/>	<input type="checkbox"/>
Saturday		<input type="checkbox"/>	<input type="checkbox"/>
Sunday		<input type="checkbox"/>	<input type="checkbox"/>