Dentistry for Children

Toothbrushing Tracker

Put a checkmark or sticker each morning and evening after you brush your teeth.

MONTH: _____

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
WEEK 1							
WEEK 2							
WEEK 3							
WEEK 4							
WEEK 5							

NAME: _____

MY REWARD: _____

Ready for your next tracker?
Scan the QR Code for new copy.

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