

Name: _____

Date: _____

At the Dental Office

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

toothpaste
polish
light
bib

toothbrush
gloves
floss

hygienist
mirror
chair

dentist
water
mask