

Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Dental Care

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

APPOINTMENT	TOOTHPASTE	TOOTHBRUSH	MOUTHWASH
FLUORIDE	FILLINGS	CLEANING	CHECKUP
MORNING	TARTAR	ENAMEL	BRACES
CAVITY	MOLAR	FLOSS	NIGHT
TWICE	BRUSH	GUMS	EXAM
SPIT			