

Name: _____

Date: _____

dental health

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

toothpaste

toothbrush

root-canal

toothache

bleeding

filling

sweets

ulcer

fruit

brush

white

teeth

acid

chew

bone

gum