

LOST TOOTH RECORD

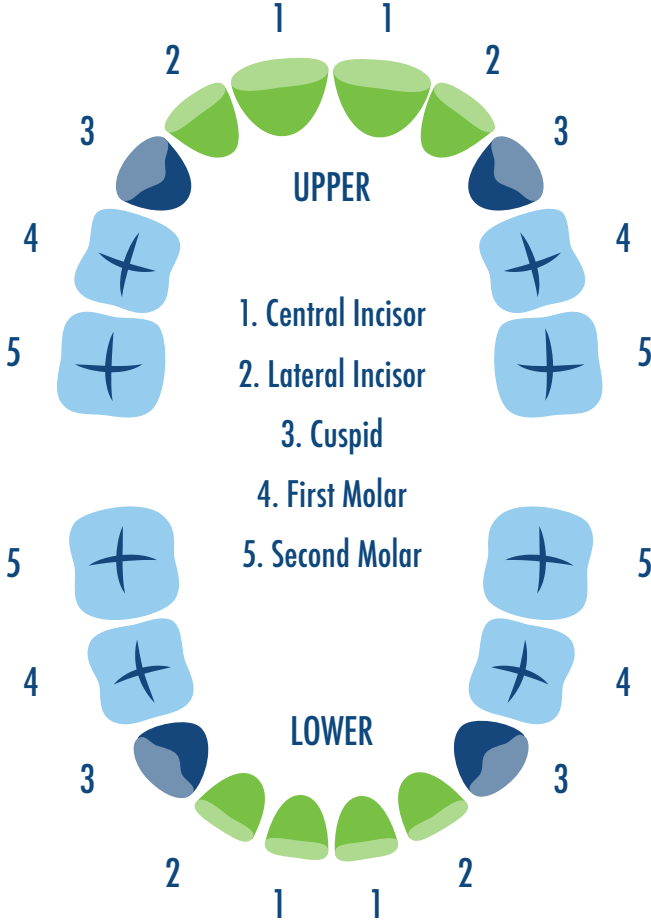


where smiles grow
Pediatric Dentistry



NAME: _____

	Age In	Age Out	How I Lost My Tooth
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____



	Age In	Age Out	How I Lost My Tooth
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____

	Age In	Age Out	How I Lost My Tooth
5	_____	_____	_____
4	_____	_____	_____
3	_____	_____	_____
2	_____	_____	_____
1	_____	_____	_____

	Age In	Age Out	How I Lost My Tooth
5	_____	_____	_____
4	_____	_____	_____
3	_____	_____	_____
2	_____	_____	_____
1	_____	_____	_____