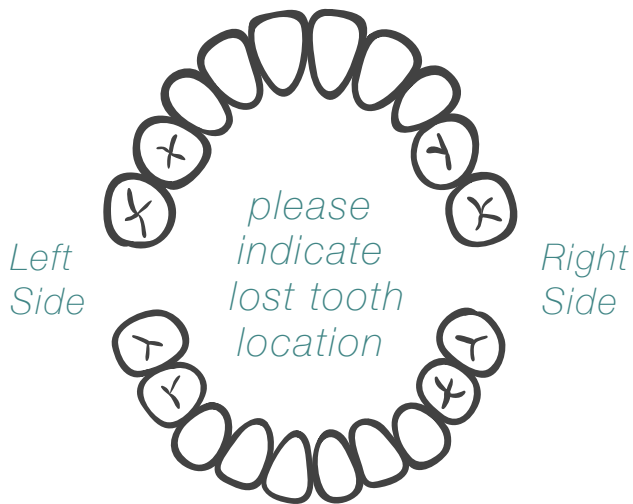




### LOST TOOTH CERTIFICATE

Name \_\_\_\_\_

Age \_\_\_\_\_ Date \_\_\_\_\_



### COMPENSATION

Notes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### QUALITY REPORT

- Fantastic brushing!*
- Great work!*
- Pretty good job.*
- Alright.*
- Not so great.*
- Please brush more!*

