



LOST TEETH REPORT

CERTIFICATE OF RECORD from THE TOOTH FAIRY

NAME _____

AGE OF FIRST LOST TOOTH _____ AGE OF LAST LOST TOOTH _____

Teeth Chart

Color in the teeth below whenever you loose a tooth. Write down the date each tooth was lost and record a short description of how you lost the tooth.

Date: _____		Date: _____
Story: _____		Story: _____
Date: _____		Date: _____
Story: _____		Story: _____
Date: _____		Date: _____
Story: _____		Story: _____
Date: _____		Date: _____
Story: _____		Story: _____
Date: _____		Date: _____
Story: _____		Story: _____
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Story: _____		Story: _____



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