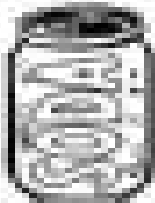
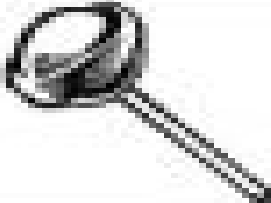





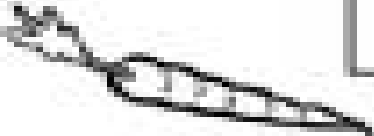


Name: _____

Date: _____

Write an X on the box for the things that can harm your teeth.

1.  <input data-bbox="643 555 799 674" type="checkbox"/>	2.  <input data-bbox="1254 555 1410 674" type="checkbox"/>
3.  <input data-bbox="643 779 799 898" type="checkbox"/>	4.  <input data-bbox="1254 779 1410 898" type="checkbox"/>
5.  <input data-bbox="643 1003 799 1122" type="checkbox"/>	6.  <input data-bbox="1254 1003 1410 1122" type="checkbox"/>
7.  <input data-bbox="643 1227 799 1346" type="checkbox"/>	8.  <input data-bbox="1254 1227 1410 1346" type="checkbox"/>