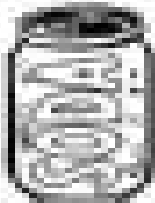
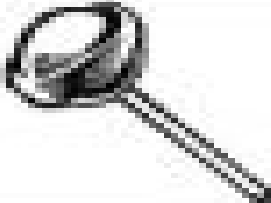





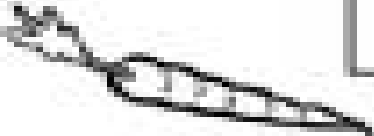


Name: _____

Date: _____

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

1.		<input type="checkbox"/>	2.		<input type="checkbox"/>
3.		<input type="checkbox"/>	4.		<input type="checkbox"/>
5.		<input type="checkbox"/>	6.		<input type="checkbox"/>
7.		<input type="checkbox"/>	8.		<input type="checkbox"/>