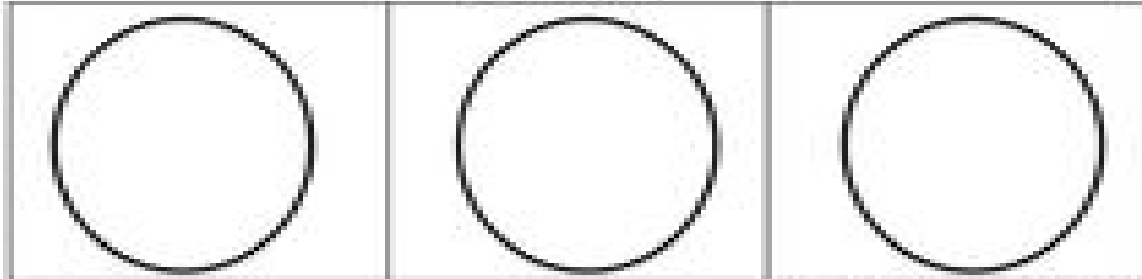


Name: _____

Soda

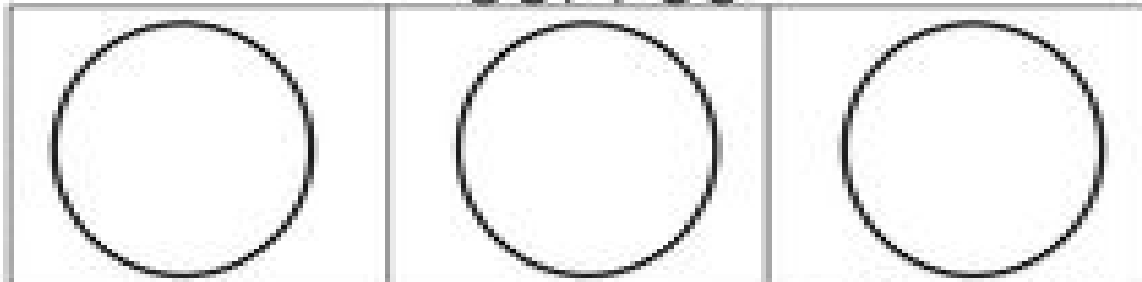


Before

After

After Brushing

Coffee

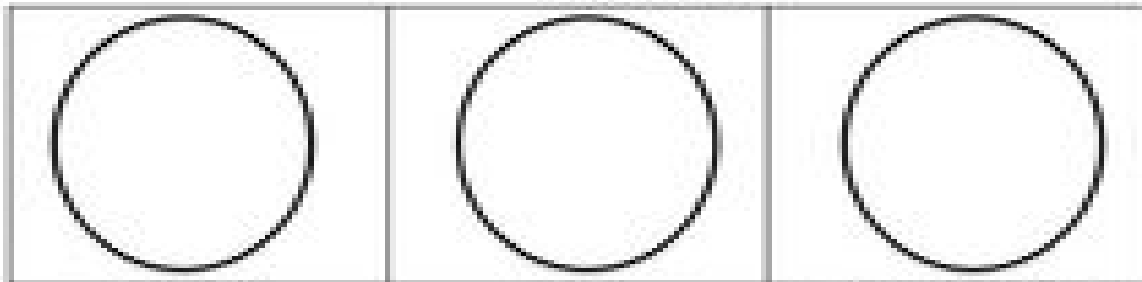


Before

After

After Brushing

Juice



Before

After

After Brushing