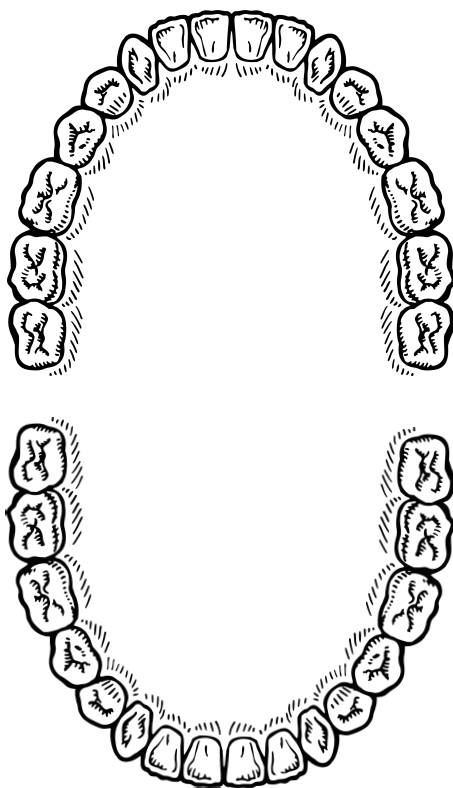


DENTIST



PATIENT NAME:

DO YOU BRUSH?

yes no

DO YOU FLOSS?

yes no

OTHER NOTES: