

TOOTHBRUSHING CHART

tick the boxes when you have brushed your teeth

MY NAME IS _____

			WEEK 1	WEEK 2	WEEK 3	WEEK 4
monday	MORNING					
	NIGHT					
tuesday	MORNING					
	NIGHT					
wednesday	MORNING					
	NIGHT					
thursday	MORNING					
	NIGHT					
friday	MORNING					
	NIGHT					
saturday	MORNING					
	NIGHT					
sunday	MORNING					
	NIGHT					



brush twice a day for two minutes
and see if you can fill in the whole chart with ticks



HONEYCOMB DENTAL CLINIC

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