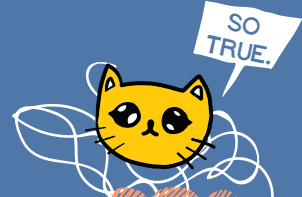


# I BRUSH & FLOSS MY TEETH EACH DAY!



SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

DATE: _____  BRUSH (A.M.) <input type="checkbox"/>  BRUSH (P.M.) <input type="checkbox"/>  FLOSS <input type="checkbox"/>	DATE: _____  BRUSH (A.M.) <input type="checkbox"/>  BRUSH (P.M.) <input type="checkbox"/>  FLOSS <input type="checkbox"/>	DATE: _____  BRUSH (A.M.) <input type="checkbox"/>  BRUSH (P.M.) <input type="checkbox"/>  FLOSS <input type="checkbox"/>	DATE: _____  BRUSH (A.M.) <input type="checkbox"/>  BRUSH (P.M.) <input type="checkbox"/>  FLOSS <input type="checkbox"/>	DATE: _____  BRUSH (A.M.) <input type="checkbox"/>  BRUSH (P.M.) <input type="checkbox"/>  FLOSS <input type="checkbox"/>	DATE: _____  BRUSH (A.M.) <input type="checkbox"/>  BRUSH (P.M.) <input type="checkbox"/>  FLOSS <input type="checkbox"/>	DATE: _____  BRUSH (A.M.) <input type="checkbox"/>  BRUSH (P.M.) <input type="checkbox"/>  FLOSS <input type="checkbox"/>
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