

# Brushing Chart

Initial each box when you finish brushing each morning and night.



AM	PM
Mon	Mon
Tue	Tue
Wed	Wed
Thu	Thu
Fri	Fri
Sat	Sat
Sun	Sun



**McALLISTER**  
ORTHODONTICS  
*We love to see you smile!*



Submit your completed sheet & download additional coloring sheets by scanning the QR code above.

**Color the picture and brush every morning & every night!**

Initial each box after you finish brushing. Send us your completed brushing chart and we will enter you into a drawing for a McAllister Prize Pack!

One winner a week will be drawn through the end of each month. You do not have to be a patient to participate.  
One entry per week.

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Submit your entry by:** Scanning the QR code, Texting a photo of your completed sheet to (402) 392-1516, Dropping it off at any McAllister Orthodontics office OR uploading a photo at [www.mcallisterortho.com/kidsclub](http://www.mcallisterortho.com/kidsclub)



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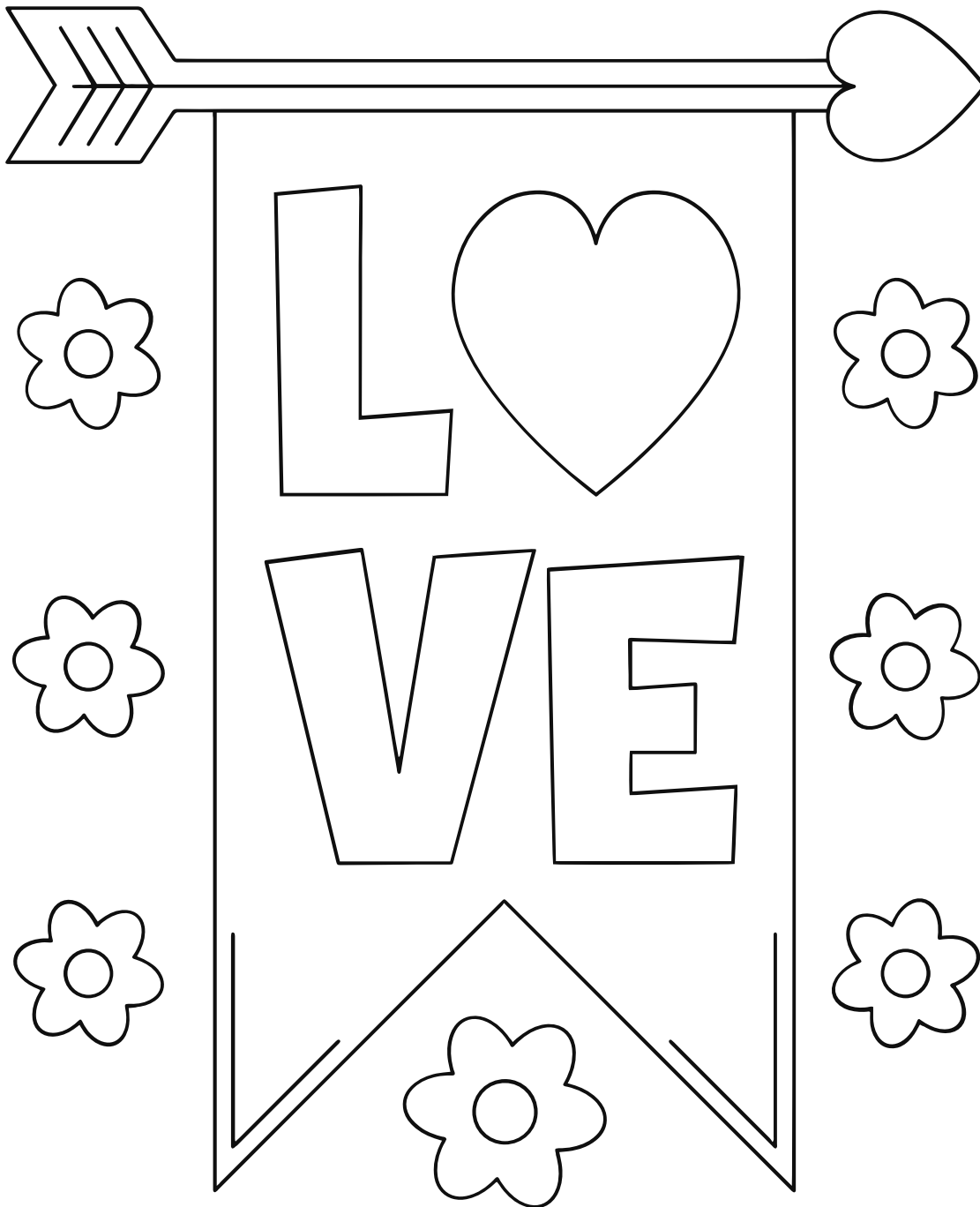
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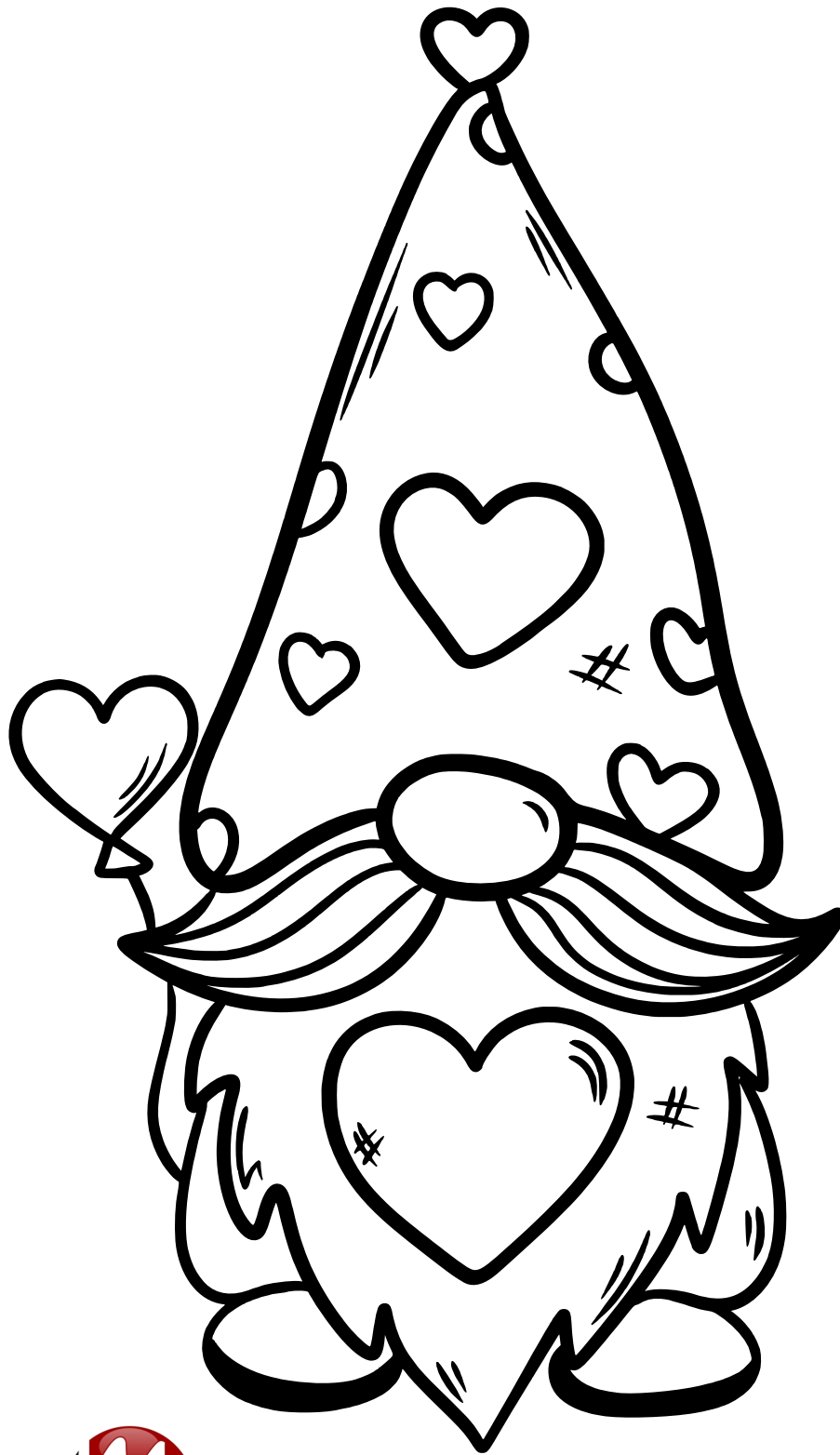
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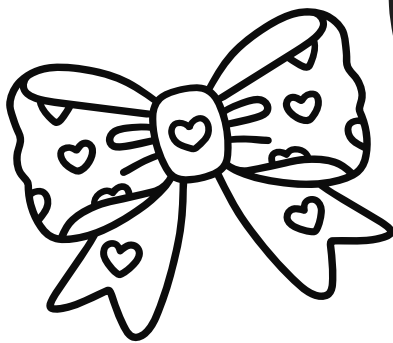
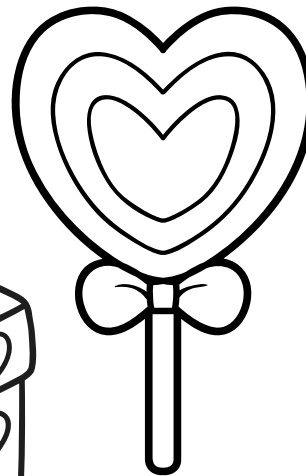
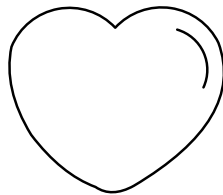
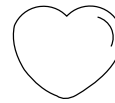
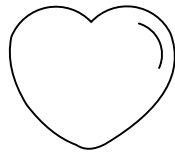
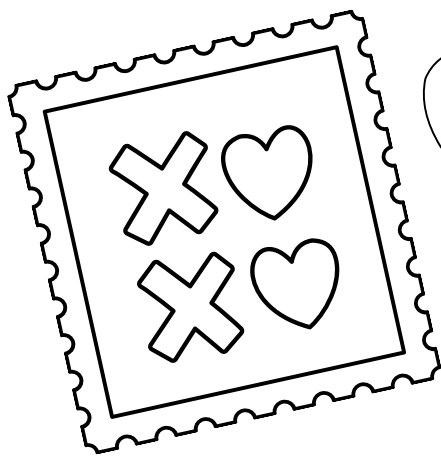
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