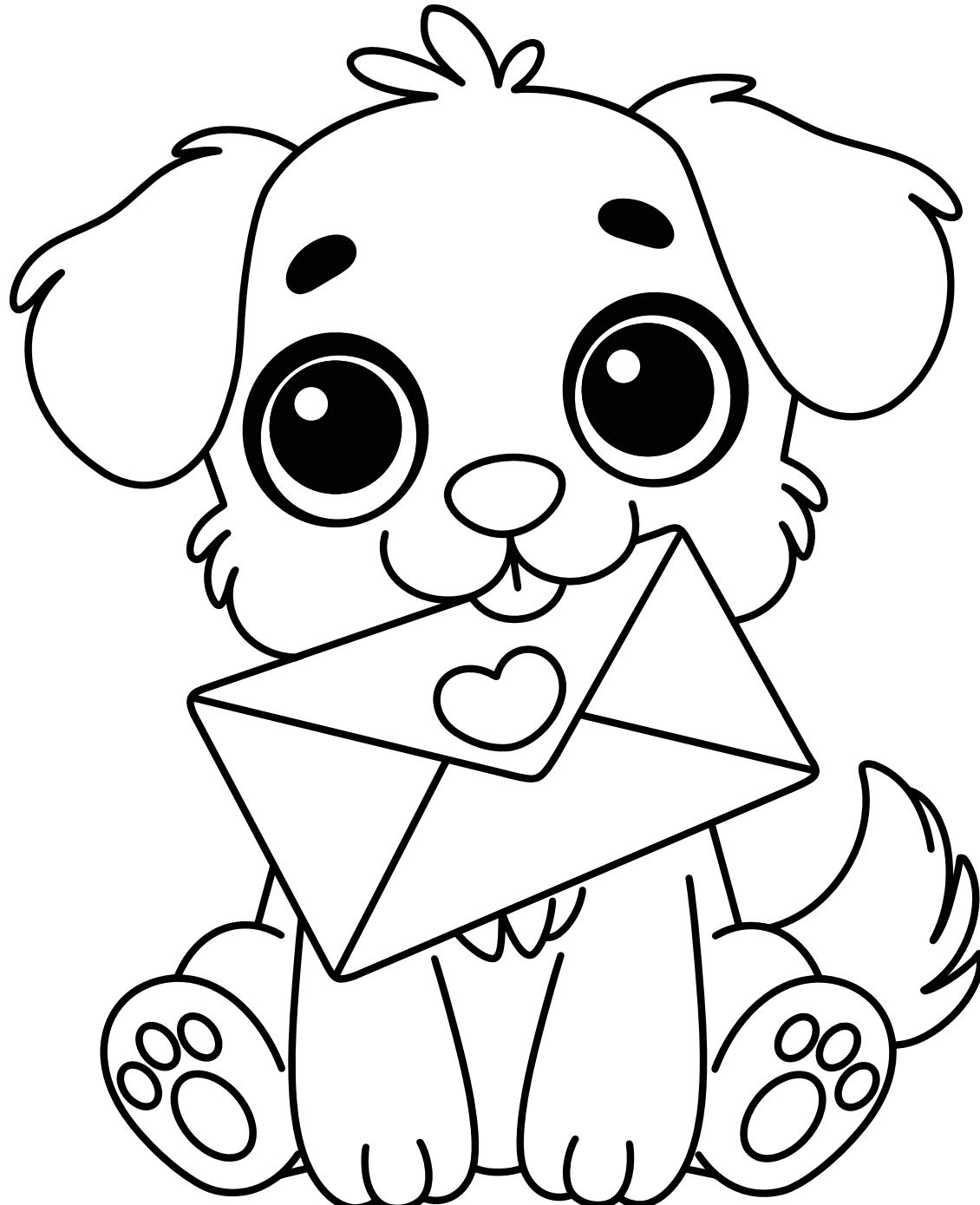


# Brushing Chart

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

 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!**

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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.

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

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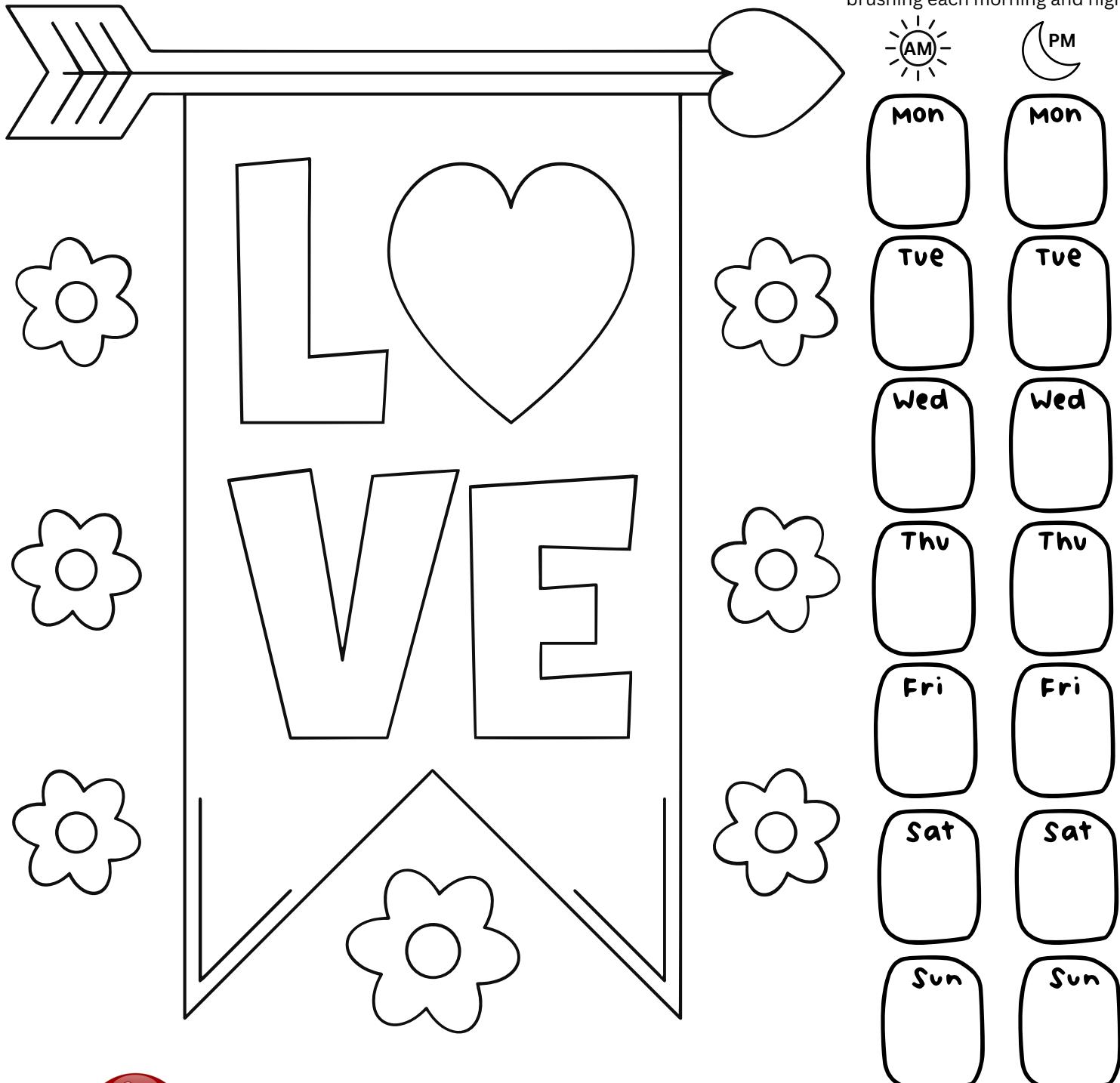
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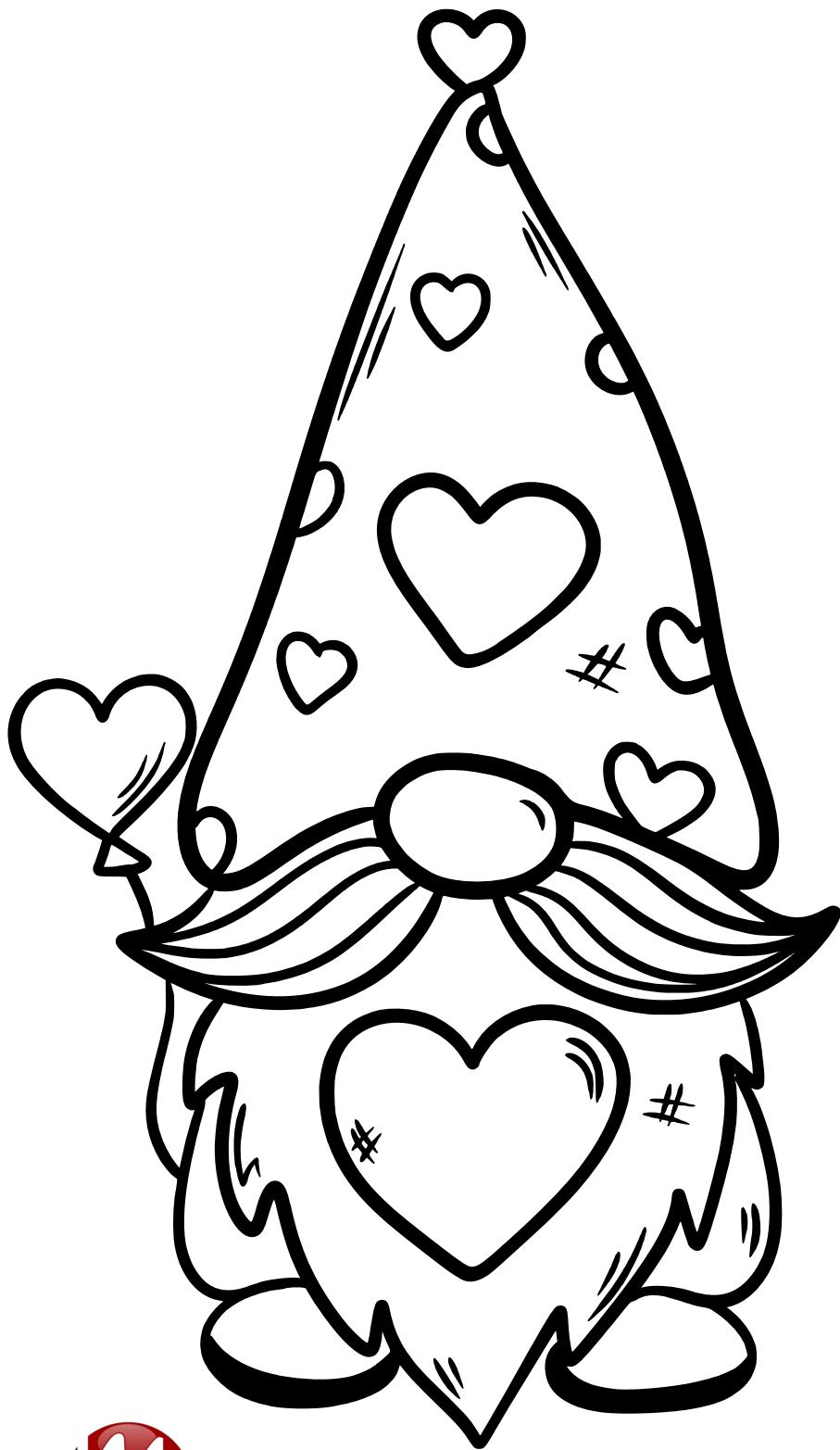
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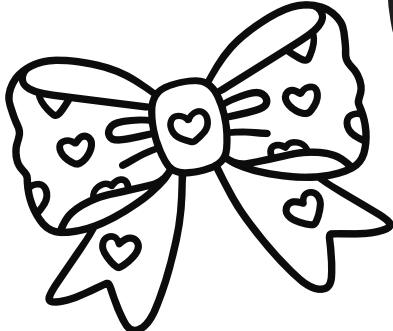
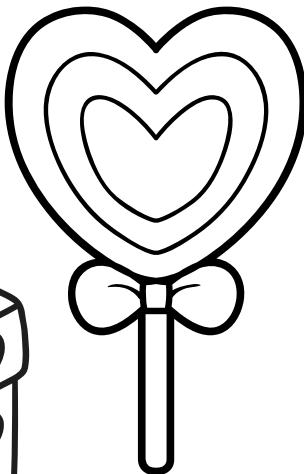
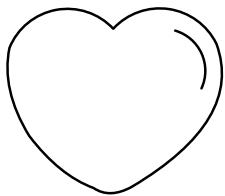
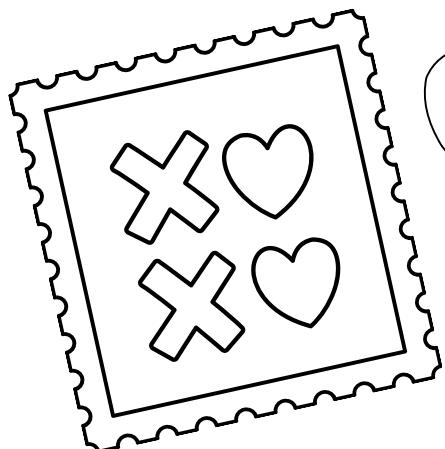
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