TULIP KIDS DENTAL CARE

My Brushing Chart

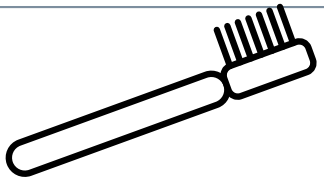
Tick a box every time you brush for 2 minutes

AGE 4–10 · 30 DAYS

My name _____ Age _____

Day 1	Day 2	Day 3	Day 4	Day 5
☐ Morning ☐ Night	☐ Morning ☐ Night	☐ Morning ☐ Night	☐ Morning ☐ Night	☐ Morning ☐ Night
Day 6	**Day 7**	**Day 8**	**Day 9**	**Day 10**
☐ Morning ☐ Night	☐ Morning ☐ Night	☐ Morning ☐ Night	☐ Morning ☐ Night	☐ Morning ☐ Night
Day 11	**Day 12**	**Day 13**	**Day 14**	**Day 15**
☐ Morning ☐ Night	☐ Morning ☐ Night	☐ Morning ☐ Night	☐ Morning ☐ Night	☐ Morning ☐ Night
Day 16	**Day 17**	**Day 18**	**Day 19**	**Day 20**
☐ Morning ☐ Night	☐ Morning ☐ Night	☐ Morning ☐ Night	☐ Morning ☐ Night	☐ Morning ☐ Night
Day 21	**Day 22**	**Day 23**	**Day 24**	**Day 25**
☐ Morning ☐ Night	☐ Morning ☐ Night	☐ Morning ☐ Night	☐ Morning ☐ Night	☐ Morning ☐ Night
Day 26	**Day 27**	**Day 28**	**Day 29**	**Day 30**
☐ Morning ☐ Night	☐ Morning ☐ Night	☐ Morning ☐ Night	☐ Morning ☐ Night	☐ Morning ☐ Night

Parent signature _____ Start date _____



Finish all 60 boxes and get your Dental Hero Certificate!

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