

Name: _____

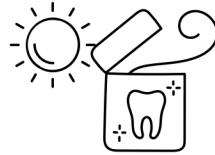
Date: _____

I FLOSS MY TEETH

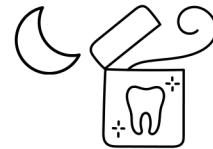
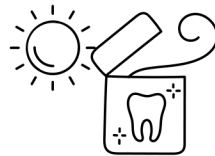
“In the morning or at night, I floss once a day to keep my smile healthy and bright.”

Color the chart below each day after flossing.

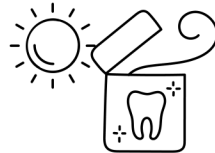
MONDAY



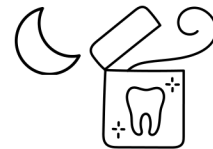
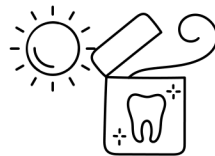
TUESDAY



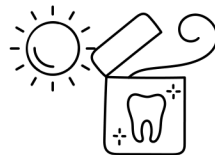
WEDNESDAY



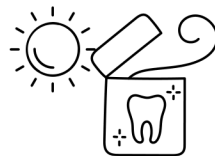
THURSDAY



FRIDAY



SATURDAY



SUNDAY

