

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Let's Talk Teeth

Tooth

Dentist

Toothpaste

Nurse

Toothbrush

---

---

---

---

Sticker

---

---

---

---

Gums

---

---

---

---

Twice a day

---

---

---

---

Two minutes

---

---

---

---