

Tooth Fairy



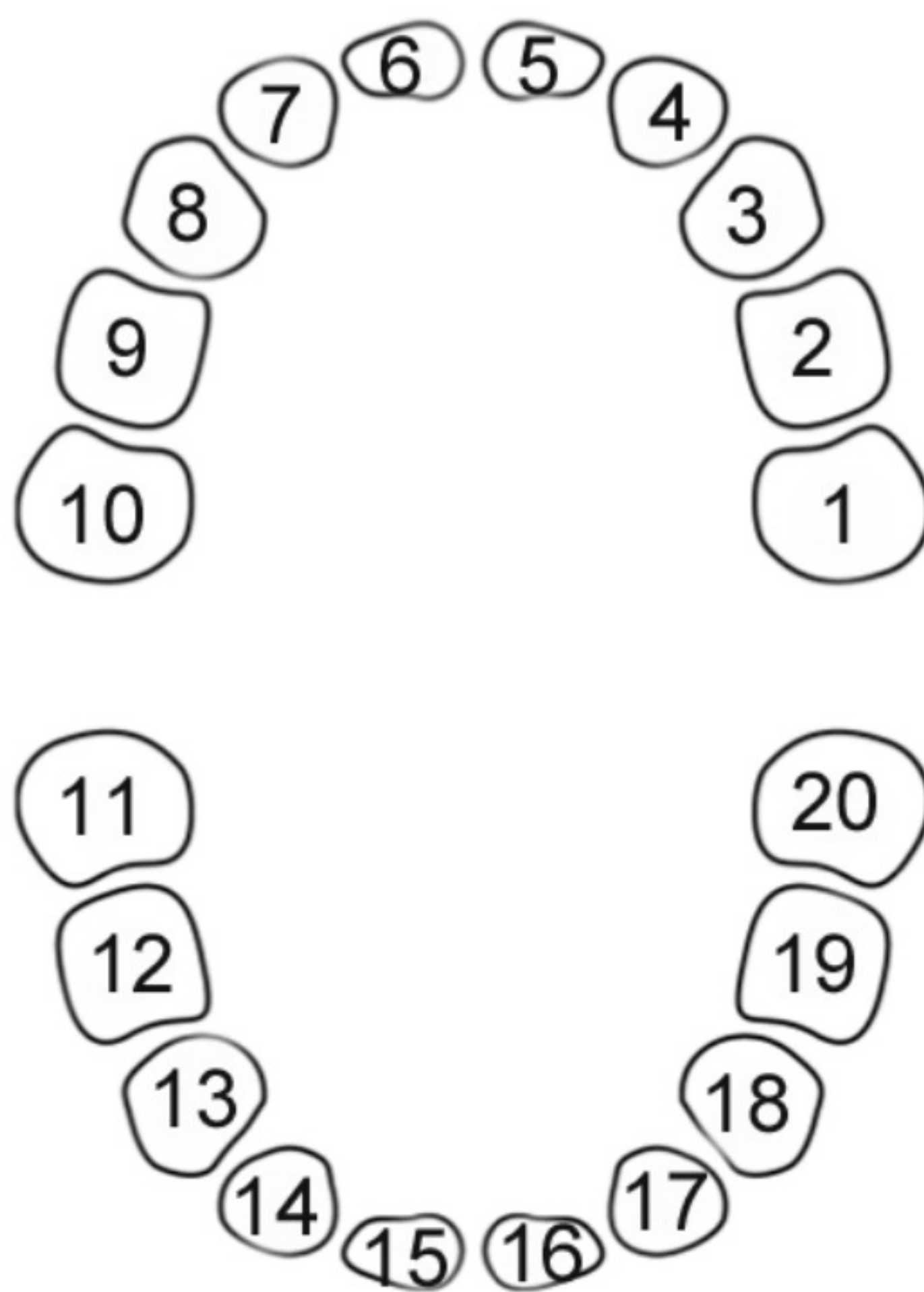
Report

Name

Date

Tooth #

Tooth Grade



Signature