

# I Brush My Teeth

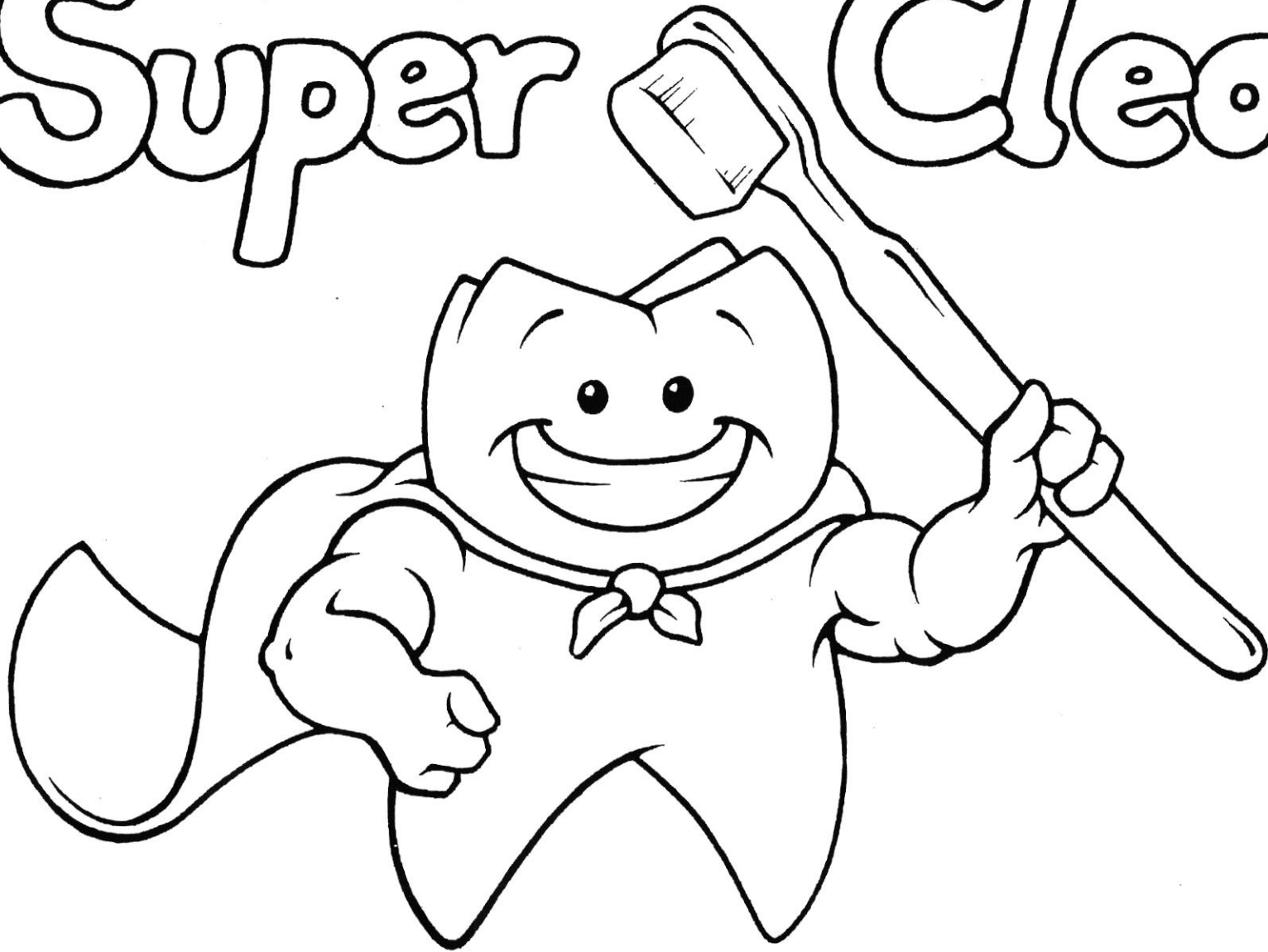
**2** times each day!



Sun	Mon	Tue	Wed	Thu	Fri	Sat



# Super Clean





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Introducing \_\_\_\_\_

Referred By Dr. \_\_\_\_\_ Date \_\_\_\_\_

Clinic Name \_\_\_\_\_ Phone # \_\_\_\_\_

For:

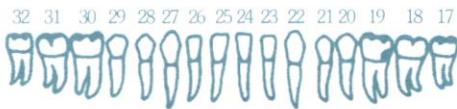
- Extraction/Surgical Removal
- Restoration: Tooth# \_\_\_\_\_
- New Patient Exam
- Orthodontic Consultation
- Other
- Please take new x-rays



Right



Left



**PLEASE EMAIL CURRENT X-RAYS**

**Additional Instructions:**

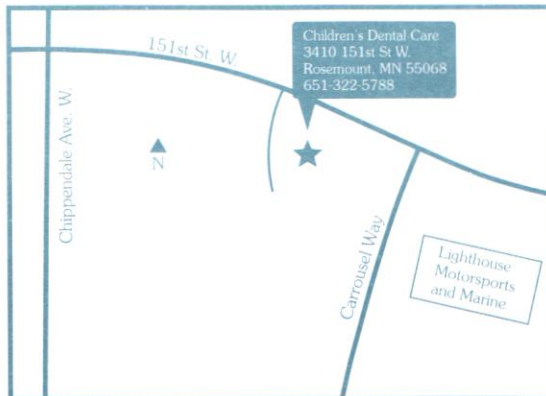
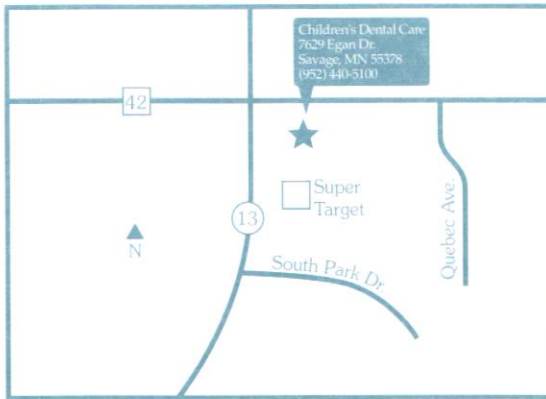
- Please send \_\_\_\_\_ referral pads

## Instructions To Patient

If you have x-rays, please arrange to have them sent or bring them with you to your appointment.

If you have any questions regarding the above information please call 952-997-7100 (Lakeville), 651-322-5788 (Rosemount) or 952-440-5100 (Savage).

If unable to keep this appointment, kindly give us a 24 hour notice.



# Something's Missing

All the vowels (a, e, i, o, u) are missing from these dental words.

How many can you complete in two minutes?

(The answers are at the bottom of the page.)

br \_ sh

j \_ w s

c \_ v \_ ty

m \_ \_ th

ch \_ w

m \_ \_ th g \_ \_ rd

cl \_ \_ n

n \_ tr \_ t \_ \_ n

d \_ c \_ y

pl \_ q \_ \_

d \_ nt \_ st

t \_ \_ th br \_ sh

fl \_ ss

sm \_ l \_

fl \_ \_ r \_ d \_

t \_ \_ th

f \_ \_ d

t \_ \_ th p \_ st \_

g \_ m s

X - r \_ y

Answers: brush, cavity, chew, clean, decay, dentist, floss, fountide, food, gums, jaws, mouth, mouthguard, nutrition, plaque, toothbrush, smile, tooth, toothpaste, X-ray