



Hang this chart in the bathroom. Chart your daily brushing and flossing in the boxes.



Date:			_											EUROGO	
	SUNDAY		NOM	DAY	TUES	DAY	WEDN	SDAY	THURS	DAY	H 日	YAY	MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY	DAY	
	a.m.	p.m. a.m.	a.m.	p.m. a.m. p.m.	a.m.	p.m.	a.m. p.m.	p.m.	a.m. p.m. a.m. p.m.	p.m.	am	P.m.	a.m.	p.m.	
Mook #1										-			W/W-4C-4/46		
				1											
Week #2															
Week #3															
Wook #A															
						ſ					-	NAME AND POST OFFICE ASSESSED.			

Child's Name

...and remember... to return your completed charts to the office to become a member of our dental care team!!