



You're an Oral Hygiene Star!



Use this chart to track your oral hygiene routine every day of the week. Check off or color in all the tasks you do in the morning and evening every day!

<i>Did You:</i>	Sun	Mon	Tue	Wed	Thu	Fri	Sat
<i>Brush your Teeth?.....</i>	<input type="checkbox"/>						
<i>Floss in between?.....</i>	<input type="checkbox"/>						
<i>Clean your Tongue?.....</i>	<input type="checkbox"/>						
<i>Rinse with Mouthwash?</i>	<input type="checkbox"/>						
<i>Drink Water?.....</i>	<input type="checkbox"/>						
<i>Eat Fruits/ Veggies?.....</i>	<input type="checkbox"/>						

Next Visit with the Dentist: _____

Healthy Teeth Goal:

