

Brushing Teeth Chart

M

TU

W

TH

F

S

S

 Brush AM <input type="checkbox"/>  Brush PM <input type="checkbox"/>  Floss <input type="checkbox"/>	 Brush AM <input type="checkbox"/>  Brush PM <input type="checkbox"/>  Floss <input type="checkbox"/>	 Brush AM <input type="checkbox"/>  Brush PM <input type="checkbox"/>  Floss <input type="checkbox"/>	 Brush AM <input type="checkbox"/>  Brush PM <input type="checkbox"/>  Floss <input type="checkbox"/>	 Brush AM <input type="checkbox"/>  Brush PM <input type="checkbox"/>  Floss <input type="checkbox"/>	 Brush AM <input type="checkbox"/>  Brush PM <input type="checkbox"/>  Floss <input type="checkbox"/>	 Brush AM <input type="checkbox"/>  Brush PM <input type="checkbox"/>  Floss <input type="checkbox"/>
 Brush AM <input type="checkbox"/>  Brush PM <input type="checkbox"/>  Floss <input type="checkbox"/>	 Brush AM <input type="checkbox"/>  Brush PM <input type="checkbox"/>  Floss <input type="checkbox"/>	 Brush AM <input type="checkbox"/>  Brush PM <input type="checkbox"/>  Floss <input type="checkbox"/>	 Brush AM <input type="checkbox"/>  Brush PM <input type="checkbox"/>  Floss <input type="checkbox"/>	 Brush AM <input type="checkbox"/>  Brush PM <input type="checkbox"/>  Floss <input type="checkbox"/>	 Brush AM <input type="checkbox"/>  Brush PM <input type="checkbox"/>  Floss <input type="checkbox"/>	 Brush AM <input type="checkbox"/>  Brush PM <input type="checkbox"/>  Floss <input type="checkbox"/>
 Brush AM <input type="checkbox"/>  Brush PM <input type="checkbox"/>  Floss <input type="checkbox"/>	 Brush AM <input type="checkbox"/>  Brush PM <input type="checkbox"/>  Floss <input type="checkbox"/>	 Brush AM <input type="checkbox"/>  Brush PM <input type="checkbox"/>  Floss <input type="checkbox"/>	 Brush AM <input type="checkbox"/>  Brush PM <input type="checkbox"/>  Floss <input type="checkbox"/>	 Brush AM <input type="checkbox"/>  Brush PM <input type="checkbox"/>  Floss <input type="checkbox"/>	 Brush AM <input type="checkbox"/>  Brush PM <input type="checkbox"/>  Floss <input type="checkbox"/>	 Brush AM <input type="checkbox"/>  Brush PM <input type="checkbox"/>  Floss <input type="checkbox"/>
 Brush AM <input type="checkbox"/>  Brush PM <input type="checkbox"/>  Floss <input type="checkbox"/>	 Brush AM <input type="checkbox"/>  Brush PM <input type="checkbox"/>  Floss <input type="checkbox"/>	 Brush AM <input type="checkbox"/>  Brush PM <input type="checkbox"/>  Floss <input type="checkbox"/>	 Brush AM <input type="checkbox"/>  Brush PM <input type="checkbox"/>  Floss <input type="checkbox"/>	 Brush AM <input type="checkbox"/>  Brush PM <input type="checkbox"/>  Floss <input type="checkbox"/>	 Brush AM <input type="checkbox"/>  Brush PM <input type="checkbox"/>  Floss <input type="checkbox"/>	 Brush AM <input type="checkbox"/>  Brush PM <input type="checkbox"/>  Floss <input type="checkbox"/>
 Brush AM <input type="checkbox"/>  Brush PM <input type="checkbox"/>  Floss <input type="checkbox"/>	 Brush AM <input type="checkbox"/>  Brush PM <input type="checkbox"/>  Floss <input type="checkbox"/>	 Brush AM <input type="checkbox"/>  Brush PM <input type="checkbox"/>  Floss <input type="checkbox"/>	 Brush AM <input type="checkbox"/>  Brush PM <input type="checkbox"/>  Floss <input type="checkbox"/>	 Brush AM <input type="checkbox"/>  Brush PM <input type="checkbox"/>  Floss <input type="checkbox"/>	 Brush AM <input type="checkbox"/>  Brush PM <input type="checkbox"/>  Floss <input type="checkbox"/>	 Brush AM <input type="checkbox"/>  Brush PM <input type="checkbox"/>  Floss <input type="checkbox"/>

Name: _____