TOOTH FAIRY RECEIPT

Name : _____

Age : _____   Date : _____

Number of Teeth Collected : _____

Time : _____   Reward : _____

Tooth Condition   Special Note

⬡ Poor   ⬡ Fair   _____

⬡ Good   ⬡ Excellent   _____

_____

♥ Thank you ♥

The Tooth Fairy

P.S. Don't forget to brush daily and floss :)