

# ALIGN

---

## DENTAL GROUP

# brush chart

Keep track of your brushing morning and night until you come to your appointment, and turn in this sheet for a prize!

Monday

Tuesday

Wednesday

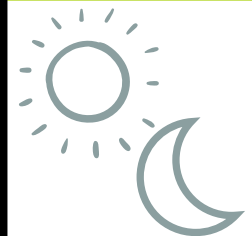
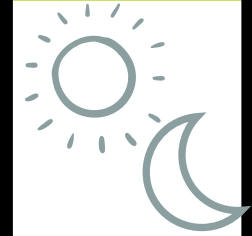
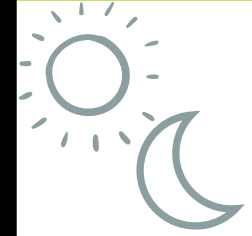
Thursday

Friday

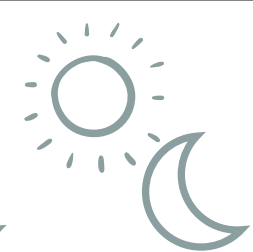
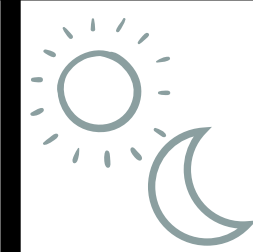
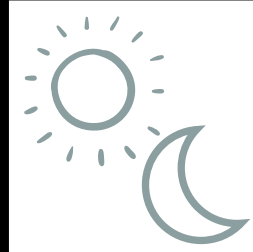
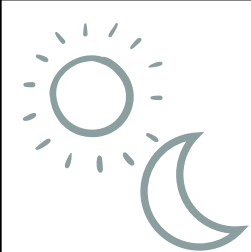
Saturday

Sunday

**1st  
week**



**2nd  
week**



**name:**

---

