



**PEDIATRIC  
DENTISTRY**  
ALL KIDS ALLOWED

# SMILE CHART

B = Brush (Morning / Night)  
F = Floss (Once A Day)

NAME \_\_\_\_\_

START DATE \_\_\_\_\_

END DATE \_\_\_\_\_

SUN	MON	TUE	WED	THU	FRI	SAT
B F B	B F B	B F B	B F B	B F B	B F B	B F B
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUN	MON	TUE	WED	THU	FRI	SAT
B F B	B F B	B F B	B F B	B F B	B F B	B F B
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUN	MON	TUE	WED	THU	FRI	SAT
B F B	B F B	B F B	B F B	B F B	B F B	B F B
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUN	MON	TUE	WED	THU	FRI	SAT
B F B	B F B	B F B	B F B	B F B	B F B	B F B
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUN	MON	TUE	WED	THU	FRI	SAT
B F B	B F B	B F B	B F B	B F B	B F B	B F B
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>