



LOST TEETH REPORT

CERTIFICATE OF RECORD from THE TOOTH FAIRY

NAME _____

AGE OF FIRST LOST TOOTH _____ AGE OF LAST LOST TOOTH _____

Teeth Chart

Color in the teeth below whenever you loose a tooth. Write down the date each tooth was lost and record a short description of how you lost the tooth.

Date:		Date:
Story:		Story:
Date:		Date:
Story:		Story:
Date:		Date:
Story:		Story:
Date:		Date:
Story:		Story:
Date:		Date:
Story:		Story:
UPPER TEETH		
Date:		Date:
Story:		Story:
Date:		Date:
Story:		Story:
Date:		Date:
Story:		Story:
Date:		Date:
Story:		Story:
Date:		Date:
Story:		Story:
LOWER TEETH		
Date:		Date:
Story:		Story:
Date:		Date:
Story:		Story:
Date:		Date:
Story:		Story:
Date:		Date:
Story:		Story:
Date:		Date:
Story:		Story: