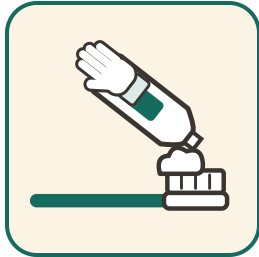


Brushing Teeth: Before, During and After

Name: _____ Date: _____

★ For each picture, circle before, during or after brushing.



before

during

after



before

during

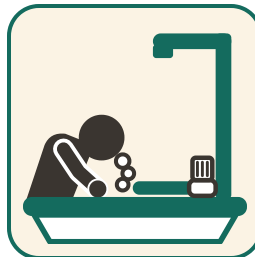
after



before

during

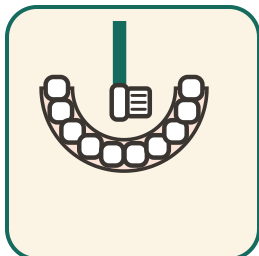
after



before

during

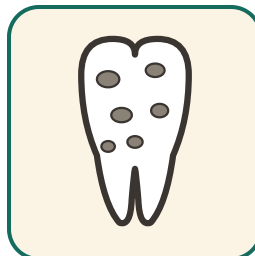
after



before

during

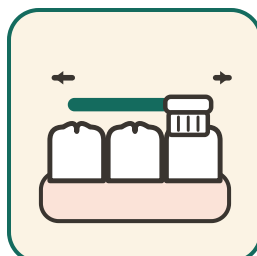
after



before

during

after



before

during

after