

IslandBébé

Tooth Fairy Receipt



Name: _____

Age: _____

Date of Collection: _____

Quantity of Teeth: _____

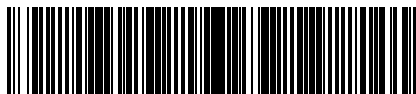
Quality of Teeth: _____

☆ Excellent

☆ Good

☆ Fair

Signed: _____



0 35545 62336 78 1



*keep up the
great brushing!*