

CERTIFICATE

MY FIRST VISIT TO THE DENTIST!

NAME:

.....

AGE:

.....

DATE OF VISIT:

.....

SIGNED:

.....



MORE VISITS TO THE DENTIST...

VISIT 1



DATE OF VISIT:

--/--/----

VISIT 2



DATE OF VISIT:

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VISIT 3



DATE OF VISIT:

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VISIT 4



DATE OF VISIT:

--/--/----

VISIT 5



DATE OF VISIT:

--/--/----

VISIT 6



DATE OF VISIT:

--/--/----

VISIT 7



DATE OF VISIT:

--/--/----

VISIT 8



DATE OF VISIT:

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