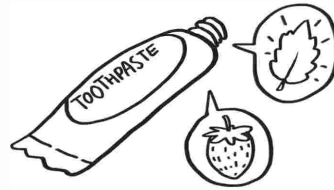
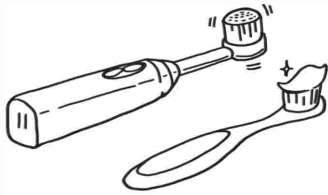


2b) My Oral Care Plan Summary

Date: ___/___/___

I am:

and I live in room:



The toothbrush
I prefer is:

.....
.....

and the toothpaste
I like is:

.....
.....

Other products I need are: 1)

2)

3)

4)

I prefer to have my teeth cleaned by:

.....

because

I like them cleaned _____ times a day...

first thing in the morning before bed

after breakfast other

after dinner

Things that help me clean my teeth:

.....

.....

.....