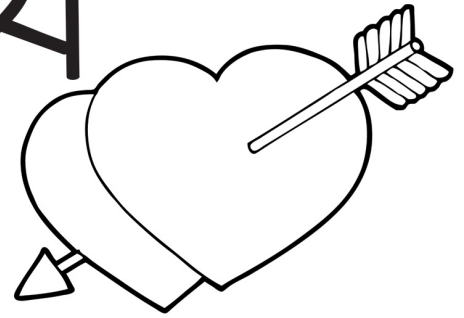
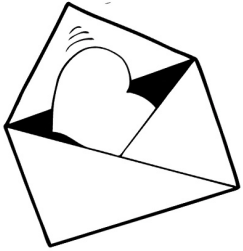
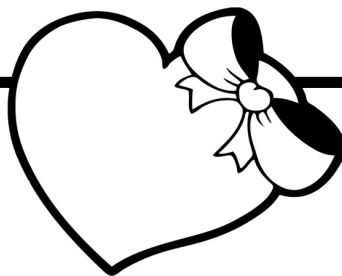


# MY BRUSHING CHART

FEBRUARY 2016



SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1 <input type="checkbox"/> AM BRUSHING <input type="checkbox"/> AM FLOSSING <input type="checkbox"/> PM BRUSHING <input type="checkbox"/> PM FLOSSING	2 <input type="checkbox"/> AM BRUSHING <input type="checkbox"/> AM FLOSSING <input type="checkbox"/> PM BRUSHING <input type="checkbox"/> PM FLOSSING	3 <input type="checkbox"/> AM BRUSHING <input type="checkbox"/> AM FLOSSING <input type="checkbox"/> PM BRUSHING <input type="checkbox"/> PM FLOSSING	4 <input type="checkbox"/> AM BRUSHING <input type="checkbox"/> AM FLOSSING <input type="checkbox"/> PM BRUSHING <input type="checkbox"/> PM FLOSSING
5 <input type="checkbox"/> AM BRUSHING <input type="checkbox"/> AM FLOSSING <input type="checkbox"/> PM BRUSHING <input type="checkbox"/> PM FLOSSING	6 <input type="checkbox"/> AM BRUSHING <input type="checkbox"/> AM FLOSSING <input type="checkbox"/> PM BRUSHING <input type="checkbox"/> PM FLOSSING	7 <input type="checkbox"/> AM BRUSHING <input type="checkbox"/> AM FLOSSING <input type="checkbox"/> PM BRUSHING <input type="checkbox"/> PM FLOSSING	8 <input type="checkbox"/> AM BRUSHING <input type="checkbox"/> AM FLOSSING <input type="checkbox"/> PM BRUSHING <input type="checkbox"/> PM FLOSSING	9 <input type="checkbox"/> AM BRUSHING <input type="checkbox"/> AM FLOSSING <input type="checkbox"/> PM BRUSHING <input type="checkbox"/> PM FLOSSING	10 <input type="checkbox"/> AM BRUSHING <input type="checkbox"/> AM FLOSSING <input type="checkbox"/> PM BRUSHING <input type="checkbox"/> PM FLOSSING	11 <input type="checkbox"/> AM BRUSHING <input type="checkbox"/> AM FLOSSING <input type="checkbox"/> PM BRUSHING <input type="checkbox"/> PM FLOSSING
12 <input type="checkbox"/> AM BRUSHING <input type="checkbox"/> AM FLOSSING <input type="checkbox"/> PM BRUSHING <input type="checkbox"/> PM FLOSSING	13 <input type="checkbox"/> AM BRUSHING <input type="checkbox"/> AM FLOSSING <input type="checkbox"/> PM BRUSHING <input type="checkbox"/> PM FLOSSING	14 <input type="checkbox"/> AM BRUSHING <input type="checkbox"/> AM FLOSSING <input type="checkbox"/> PM BRUSHING <input type="checkbox"/> PM FLOSSING	15 <input type="checkbox"/> AM BRUSHING <input type="checkbox"/> AM FLOSSING <input type="checkbox"/> PM BRUSHING <input type="checkbox"/> PM FLOSSING	16 <input type="checkbox"/> AM BRUSHING <input type="checkbox"/> AM FLOSSING <input type="checkbox"/> PM BRUSHING <input type="checkbox"/> PM FLOSSING	17 <input type="checkbox"/> AM BRUSHING <input type="checkbox"/> AM FLOSSING <input type="checkbox"/> PM BRUSHING <input type="checkbox"/> PM FLOSSING	18 <input type="checkbox"/> AM BRUSHING <input type="checkbox"/> AM FLOSSING <input type="checkbox"/> PM BRUSHING <input type="checkbox"/> PM FLOSSING
19 <input type="checkbox"/> AM BRUSHING <input type="checkbox"/> AM FLOSSING <input type="checkbox"/> PM BRUSHING <input type="checkbox"/> PM FLOSSING	20 <input type="checkbox"/> AM BRUSHING <input type="checkbox"/> AM FLOSSING <input type="checkbox"/> PM BRUSHING <input type="checkbox"/> PM FLOSSING	21 <input type="checkbox"/> AM BRUSHING <input type="checkbox"/> AM FLOSSING <input type="checkbox"/> PM BRUSHING <input type="checkbox"/> PM FLOSSING	22 <input type="checkbox"/> AM BRUSHING <input type="checkbox"/> AM FLOSSING <input type="checkbox"/> PM BRUSHING <input type="checkbox"/> PM FLOSSING	23 <input type="checkbox"/> AM BRUSHING <input type="checkbox"/> AM FLOSSING <input type="checkbox"/> PM BRUSHING <input type="checkbox"/> PM FLOSSING	24 <input type="checkbox"/> AM BRUSHING <input type="checkbox"/> AM FLOSSING <input type="checkbox"/> PM BRUSHING <input type="checkbox"/> PM FLOSSING	25 <input type="checkbox"/> AM BRUSHING <input type="checkbox"/> AM FLOSSING <input type="checkbox"/> PM BRUSHING <input type="checkbox"/> PM FLOSSING
26 <input type="checkbox"/> AM BRUSHING <input type="checkbox"/> AM FLOSSING <input type="checkbox"/> PM BRUSHING <input type="checkbox"/> PM FLOSSING	27 <input type="checkbox"/> AM BRUSHING <input type="checkbox"/> AM FLOSSING <input type="checkbox"/> PM BRUSHING <input type="checkbox"/> PM FLOSSING	28 <input type="checkbox"/> AM BRUSHING <input type="checkbox"/> AM FLOSSING <input type="checkbox"/> PM BRUSHING <input type="checkbox"/> PM FLOSSING				



## I BRUSH & FLOSS MY TEETH 2 TIMES A DAY!