



# KANGAROO SMILES

PEDIATRIC DENTISTRY+ORTHODONTICS

DATE: \_\_\_\_\_

PATIENT: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

PATIENT REFERRED FOR: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

1 2 3 4 5 6 7 8 | 9 10 11 12 13 14 15 16

A B C D E | F G H I J

T S R Q P | O N M L K

32 31 30 29 28 27 26 25 | 24 23 22 21 20 19 18 17

RIGHT

LEFT



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