

# My Bright Smile Chart

Check off the boxes after you brush your teeth!

Super Brusher Name \_\_\_\_\_  
Week Of \_\_\_\_\_

**Day**

**Morning**

**Night**

**Floss**

**Monday**

**Tuesday**

**Wednesday**

**Thursday**

**Friday**

**Saturday**

**Sunday**

• = Morning Brush ? = Night Brush • = Floss once a day

*"2 minutes, 2 times a day, for a healthy smile!"*