

The Tooth Fairy receipts

Tooth Receipt	Tooth Receipt
Name:	Name:
Age:	Age:
Date:	Date:
Condition of teeth:	Condition of teeth:
<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
Excellent Good Fair	Excellent Good Fair
Payment:	Payment:
	
Keep up the good work!	Keep up the good work!
The Tooth Fairy	The Tooth Fairy