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TOOTH RECEIPT

Name: _____
Date: _____ Age: _____
Tooth Type: _____
Extraction Method: _____
Compensation: _____



TOOTH RECEIPT

Name: _____
Date: _____ Age: _____
Tooth Type: _____
Extraction Method: _____
Compensation: _____

TOP SECRET

The Tooth Fairy



TOOTH RECEIPT

Name: _____
Date: _____ Age: _____
Tooth Type: _____
Extraction Method: _____
Compensation: _____

TOOTH RECEIPT

Name: _____
Date: _____ Age: _____
Tooth Type: _____
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The Tooth Fairy