



TOOTH FAIRY
RECEIPT

NAME: _____

AGE: _____

DATE: _____

PAYMENT TOTAL: _____

HAPPY BRUSHING,

The Tooth Fairy



RECIBO
DEL DIENTE

NOMBRE: _____

EDAD: _____

FECHA: _____

TOTAL: _____

CEPILLA CON ALEGRÍA.

El Raton Perez



REÇU
DE DENTINOM

NOM: _____

DATE: _____

ÂGE: _____

PAIEMENT TOTAL: _____

BON BROSSAGE.

La Petite Souris



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HAPPY BRUSHING,

The Tooth Fairy

& El Raton Perez