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TOOTHBRUSHING CHART FROM BEACONSFIELD DENTAL AND THE TEAM!

My name is _____ tick the boxes when you have brushed your teeth!
Brush twice a day for 2 minutes and see if you can fill in the whole chart with ticks!

		Week One!	Week Two!	Week Three!	Week Four!
MONDAY	MORNING				
	NIGHT				
TUESDAY	MORNING				
	NIGHT				
WEDNESDAY	MORNING				
	NIGHT				
THURSDAY	MORNING				
	NIGHT				
FRIDAY	MORNING				
	NIGHT				
SATURDAY	MORNING				
	NIGHT				
SUNDAY	MORNING				
	NIGHT				