



# KANGAROO SMILES

PEDIATRIC DENTISTRY+ORTHODONTICS

DATE: \_\_\_\_\_

PATIENT: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

PATIENT REFERRED FOR: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1 2 3 4 5 6 7 8 | 9 10 11 12 13 14 15 16

RIGHT

A B C D E | F G H I J

LEFT

T S R Q P | O N M L K

32 31 30 29 28 27 26 25 | 24 23 22 21 20 19 18 17

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(map on reverse)

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