LOST TOOTH REPORT

NAME: _____

DATE: _____

TOOTH LOCATION:

☐ TOP ☐ BOTTOM

☐ LEFT ☐ RIGHT

HOW IT WAS LOST: _____

_____

NOTES: _____

TOOTH RECEIVED BY: *Shadow Fairy*

LOST TOOTH REPORT

NAME: _____

DATE: _____

TOOTH LOCATION:

☐ TOP ☐ BOTTOM

☐ LEFT ☐ RIGHT

HOW IT WAS LOST: _____

_____

NOTES: _____

TOOTH RECEIVED BY: *Shadow Fairy*

LOST TOOTH REPORT

NAME: _____

DATE: _____

TOOTH LOCATION:

☐ TOP ☐ BOTTOM

☐ LEFT ☐ RIGHT

HOW IT WAS LOST: _____

_____

NOTES: _____

TOOTH RECEIVED BY: *Tooth Fairy*

LOST TOOTH REPORT

NAME: _____

DATE: _____

TOOTH LOCATION:

☐ TOP ☐ BOTTOM

☐ LEFT ☐ RIGHT

HOW IT WAS LOST: _____

_____

NOTES: _____

TOOTH RECEIVED BY: *Tooth Fairy*

LOST TOOTH REPORT

NAME: _____

DATE: _____

TOOTH LOCATION:

☐ TOP ☐ BOTTOM

☐ LEFT ☐ RIGHT

HOW IT WAS LOST: _____

_____

NOTES: _____

TOOTH RECEIVED BY: *Tooth Fairy*

LOST TOOTH REPORT

NAME: _____

DATE: _____

TOOTH LOCATION:

☐ TOP ☐ BOTTOM

☐ LEFT ☐ RIGHT

HOW IT WAS LOST: _____

_____

NOTES: _____

TOOTH RECEIVED BY: *Tooth Fairy*