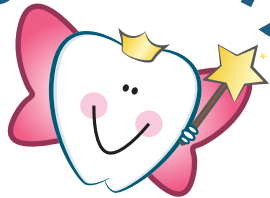


Tooth Fairy



RECEIPT

Date: _____

Name: _____

Age: _____

Tooth Rating:

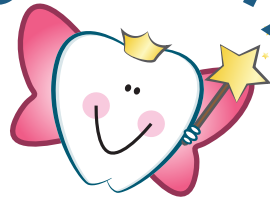
-  Excellent
-  Good
-  Fair

AMOUNT:



CAROLYNN F. WOLFF, DMD
PEDIATRIC DENTISTRY

Tooth Fairy



RECEIPT

Date: _____

Name: _____

Age: _____

Tooth Rating:

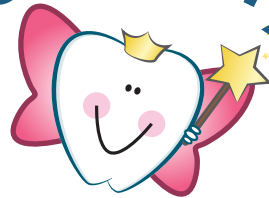
-  Excellent
-  Good
-  Fair

AMOUNT:



CAROLYNN F. WOLFF, DMD
PEDIATRIC DENTISTRY

Tooth Fairy



RECEIPT

Date: _____

Name: _____

Age: _____

Tooth Rating:

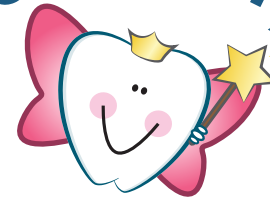
-  Excellent
-  Good
-  Fair

AMOUNT:



CAROLYNN F. WOLFF, DMD
PEDIATRIC DENTISTRY

Tooth Fairy



RECEIPT

Date: _____

Name: _____

Age: _____

Tooth Rating:

-  Excellent
-  Good
-  Fair

AMOUNT:



CAROLYNN F. WOLFF, DMD
PEDIATRIC DENTISTRY