*Name:* _____

# Dental Health Month

D E N T I S T C A V I T Y G H
S U G A R O O T E C L E A N S
Y H T L A E H B S S O L F G U
E U G N O T W H I T E E J S R
D E N T A L H Y G E N I S T B
H T E E T T N E N A M R E P H
T O O T H P A S T E S T L X T
M O U T H W A S H D H X I R O
S M U G E D I R U O L F M A O
H T E E T Y B A B L J U S Y T

BABY TEETH
BRUSH
CAVITY
CLEAN
DENTAL HYGENIST
DENTIST
FLOSS
FLOURIDE
GUMS
HEALTHY
MOUTHWASH
PERMANENT TEETH
ROOT
SMILE
SUGAR
TEETH
TONGUE
TOOTHBRUSH
TOOTHPASTE
WHITE
X-RAY