Official

Tooth Fairy

Receipt

Name: _____

Age: _____ Date: _____

Where: _____

_____

How: _____

_____

_____

Tooth Condition:

_____

Thank you!

Official

Tooth Fairy

Receipt

Name: _____

Age: _____ Date: _____

Where: _____

_____

How: _____

_____

_____

Tooth Condition:

_____

Thank you!

Tooth Fairy

Tooth Fairy

Official
Tooth Fairy
Receipt

Name: _____

Age: _____ Date: _____

Where: _____

_____

How: _____

_____

_____

Tooth Condition:

_____

Thank you!

Official
Tooth Fairy
Receipt

Name: _____

Age: _____ Date: _____

Where: _____

_____

How: _____

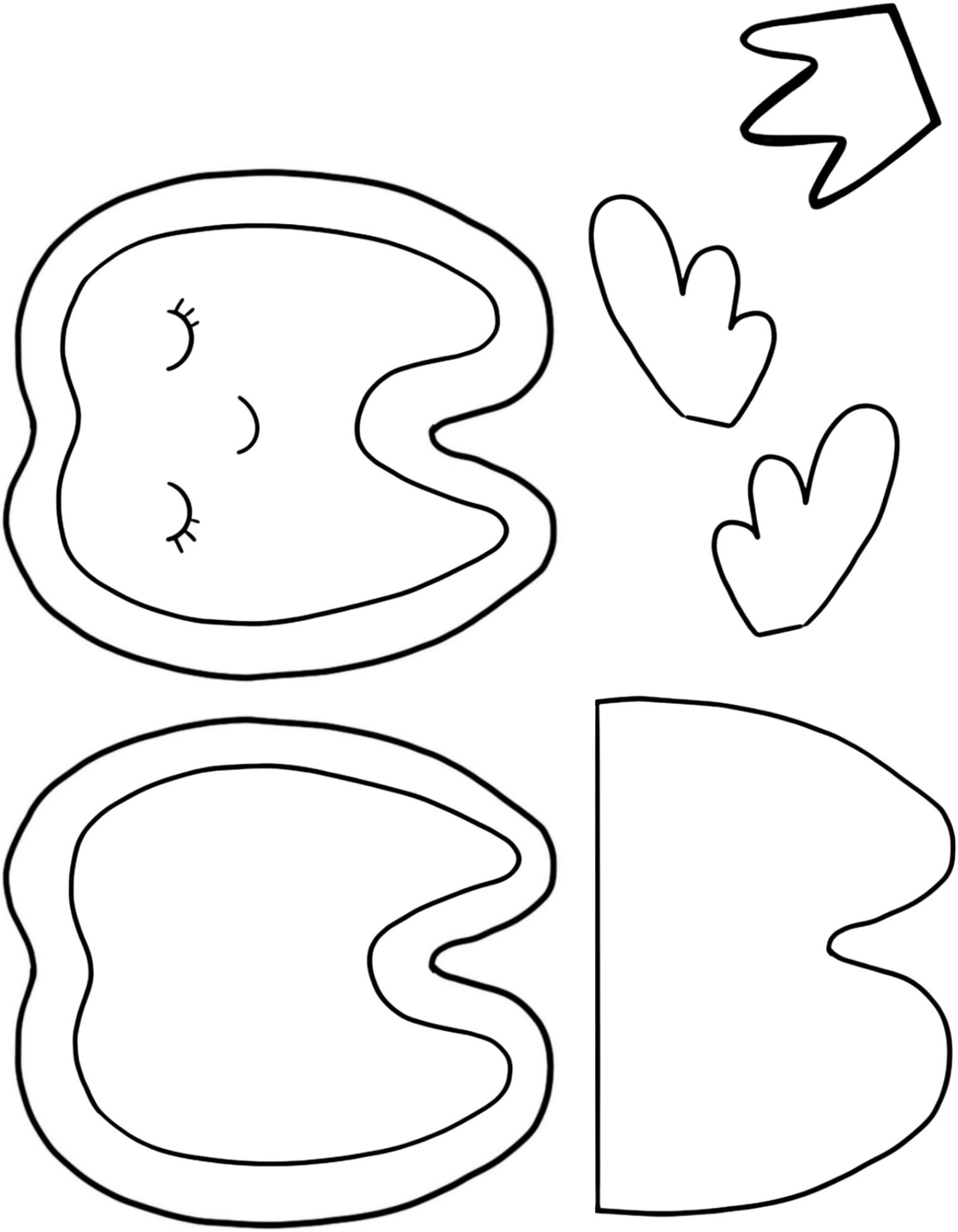
_____

_____

Tooth Condition:

_____

Thank you!

Tooth Fairy

Tooth Fairy