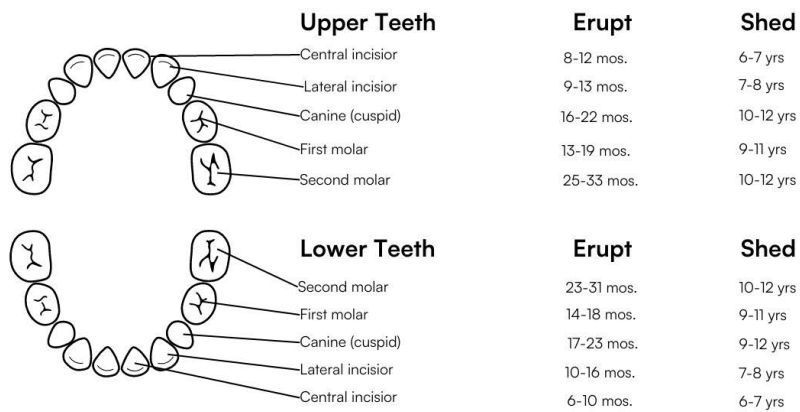


Tooth Eruption Chart

Patient's Name: _____ Age: _____

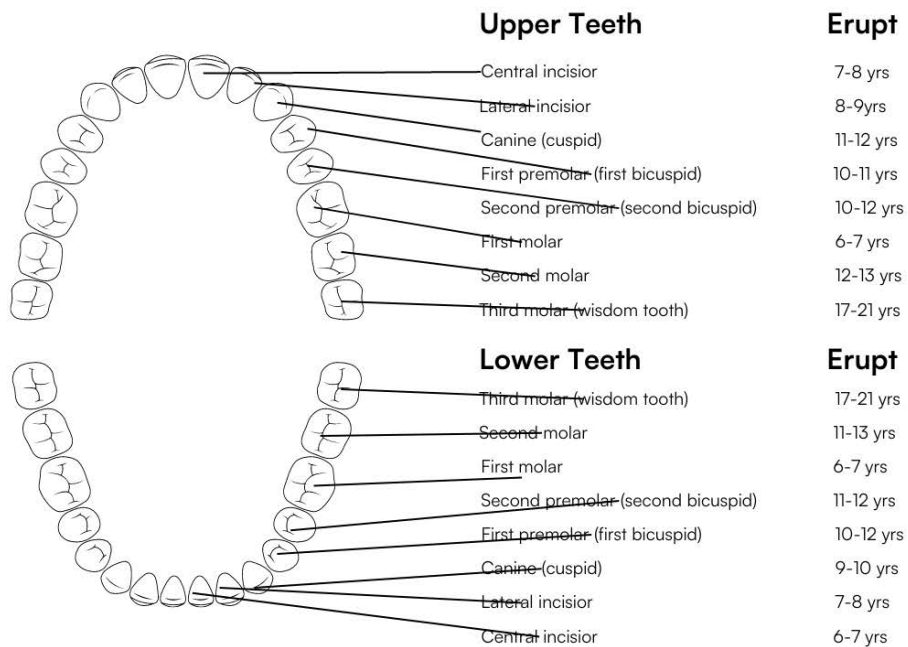
Dentist's Name: _____ Date: _____

BABY TEETH ERUPTION CHART



Notes:

PERMANENT TEETH ERUPTION CHART



Notes: