

Name: _____

Date: _____

Dental Health Alphabet Activity



Complete the activity.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Molars	Plaque	Toothbrush
Toothpaste	Enamel	Gums
Root	Floss	
Dentist	Cavity	