



CERTIFICATE OF RECORD



Name of Child: _____ Date of Loss: _____

Comments: _____

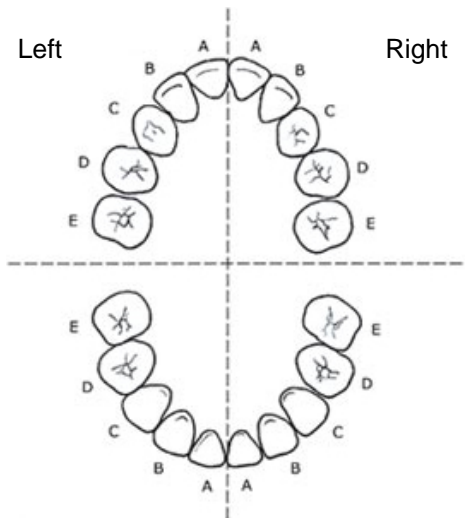
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Envelope
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Location of Loss:**Upper Jaw:**

- | | | |
|---|-----------------|-------|
| A | Central Incisor | L / R |
| B | Lateral Incisor | L / R |
| C | Canine (Cuspid) | L / R |
| D | First Molar | L / R |
| E | Second Molar | L / R |

Lower Jaw:

- | | | |
|---|-----------------|-------|
| A | Central Incisor | L / R |
| B | Lateral Incisor | L / R |
| C | Canine (Cuspid) | L / R |
| D | First Molar | L / R |
| E | Second Molar | L / R |



OFFICIAL TOOTH FAIRY USE ONLY

Method of Extraction: _____

Compensation: _____

Notes: _____
