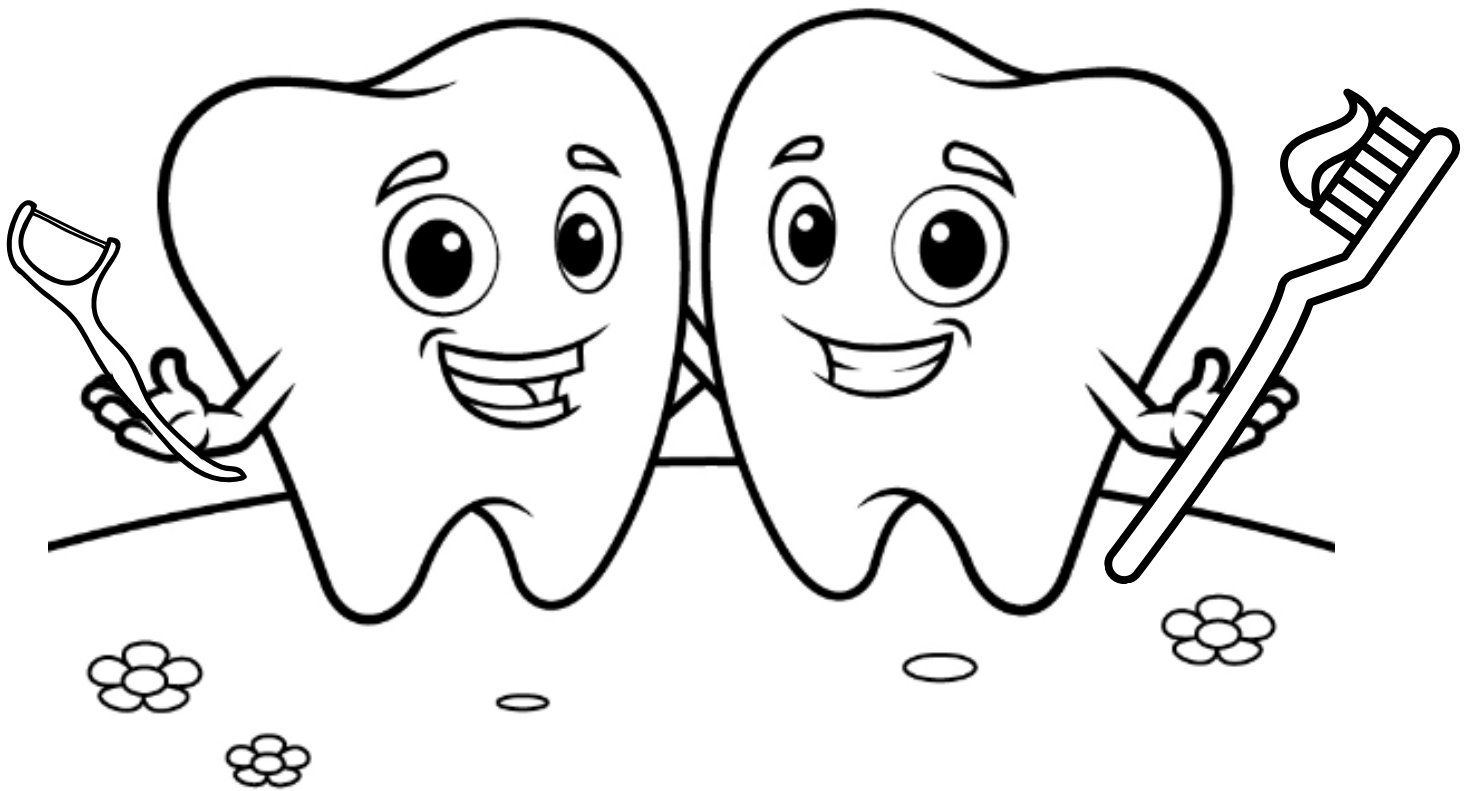


HAPPY CHILDREN'S DENTAL HEALTH MONTH!



First Name:

Age:

Town:

Parent Name:

Phone Number:



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