



THE SMILE CENTRE

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LET US HELP YOU SMILE

Getting to know you

Name: _____

Birth date: _____

School: _____

What do you like about school: _____

What do you like to do in your spare time: _____

What games do you play? _____

Do you have any pets? _____

What do you like about going to the dentist? _____

Who is your favourite sports person? _____

What's your favourite TV program? _____

Who is your favourite cartoon character? _____

HAVE FUN!!!!!!!!!!!!!!!