

# Record of Tooth Fairy

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Date: \_\_\_\_\_

Tooth: \_\_\_\_\_

Place of Loss: \_\_\_\_\_

Method of Loss: \_\_\_\_\_

\_\_\_\_\_

Compensation for Tooth: \_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_

