

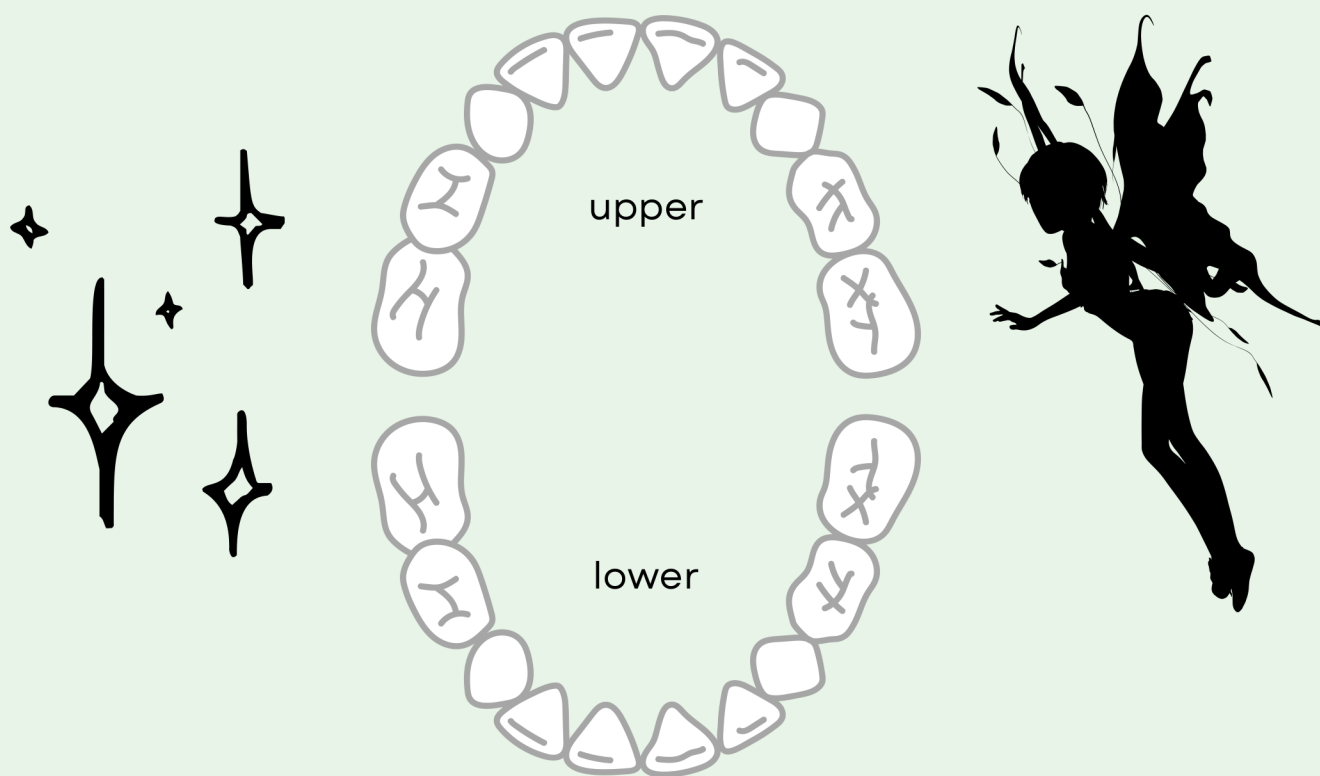
TOOTH FAIRY RECEIPT

Name:

Age:

Date:

TOOTH COLLECTED:



TOOTH CONDITION:

Needs improvement



Excellent

Payment amount:

Signature: *Tooth Fairy*

