

TOOTH FAIRY
OFFICIAL RECEIPT

Name: _____

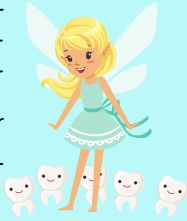
Age: _____

Date: _____

Quality of Tooth:

Excellent Good Fair

Payment Amount: _____



475690 226316

