

**OFFICIAL RECEIPT**  
Tooth Fairy

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

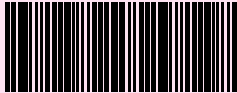
Age: \_\_\_\_\_

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

Quality of Tooth:

Excellent  Good  Fair

Payment Amount: \_\_\_\_\_



606690 243346

