

NAME _____

AGE _____



SHAWANO
ORTHODONTICS

LET US KNOW
HOW YOU DID!



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I Brushed My
Teeth for 2 Min.
This Morning

I Did 25
Jumping Jacks

I Made a
Healthy Snack

I Did a Craft
or Science
Experiment

I Cleaned or
Organized a
Room or Drawer

I Drank 64 oz
of Water 3+
Days this Week

I Listed My 3
Favorite Movies,
Books, or Shows

I Stood on
One Foot for
30 Seconds

I Didn't Drink
Juice or Soda 2+
Days this Week

I Brushed My
Teeth for 2 Min.
This Morning

I Sang Out Loud
or Danced Around

I Brushed My
Teeth for 2 Min.
This Evening

**FREE
SPACE!**

I Played with My
Pet or Played
My Favorite
Game

I Did 10
Push-Ups or
Sit-Ups

I Walked or
Jogged Around
My House

I Went Outside
at Least 3 Times
This Week

I Drew, Colored,
or Painted
a Picture

I Brushed My
Teeth for 2 Min.
This Evening

I Ate My Favorite
Candy or Snack
(In Moderation!)

I Helped a
Family Member
with a Project

I Ate 2+ Servings
of Fruits or
Veggies Every
Day This Week

I Flossed at
Least 4 Times
This Week

I Stretched for
At Least 5 Min.

I Listed My
3 Favorite
Songs or Bands