

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

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

## The dentist

**1** Complete with the words from the box.

- floss
- mouthwash
- dental clinic
- checkup
- denture
- implant
- extraction
- appointment
- cavity
- braces



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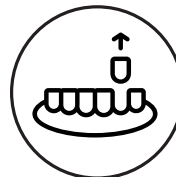
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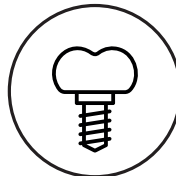
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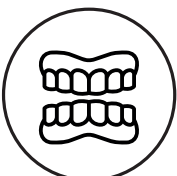
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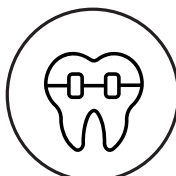
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