

B	I	N	G	O
Toothpaste	1 in 5	45	October	Fluoride
2-3 times a day	Toothbrushing	Halitosis	2 minutes	TRUE
Xylitol	2 times(every 6 months)	FREE	Cavity	Dental Hygienist
Prosthesis	FALSE	Name and identification number	C Shaped method	Gingivitis
2-3 months	Periodontitis	32	place in water in a secure container	4-8 years

B	I	N	G	O
Xylitol	place in water in a secure container	2 minutes	FALSE	2-3 times a day
October	Dental Hygienist	45	Gingivitis	2 times(every 6 months)
Cavity	1 in 5	FREE	C Shaped method	Name and identification number
4-8 years	Toothpaste	32	Prosthesis	2-3 months
Fluoride	Calculus	TRUE	Halitosis	Toothbrushing

B	I	N	G	O
Prosthesis	C Shaped method	Xylitol	4-8 years	October
Periodontitis	TRUE	place in water in a secure container	FALSE	² times(every 6 months)
Name and identification number	² minutes	FREE	Cavity	45
Calculus	Fluoride	2-3 months	1 in 5	Toothpaste
Toothbrushing	Halitosis	Dental Hygienist	Gingivitis	32