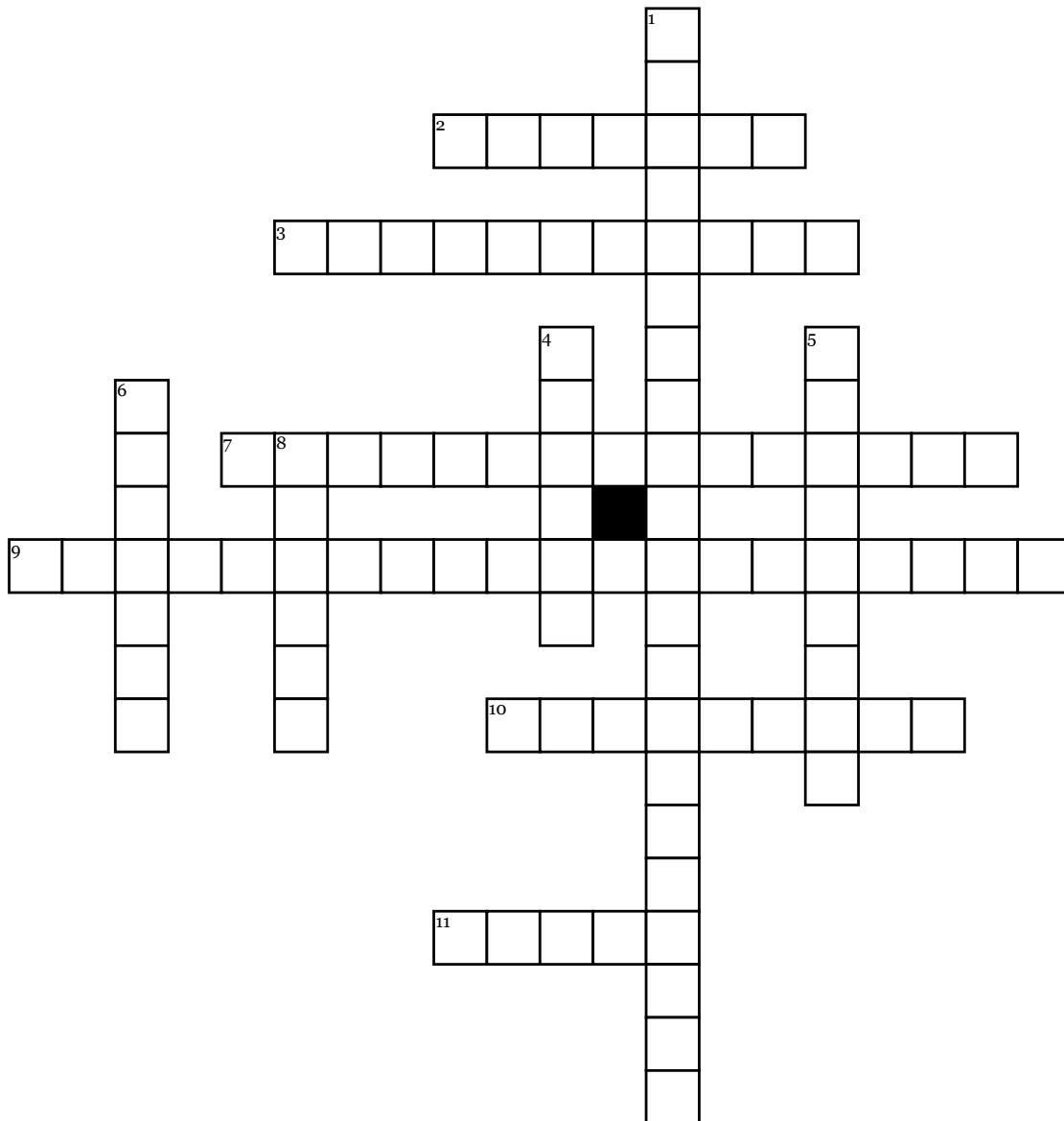


Name: \_\_\_\_\_

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

# PROCEDURES



## **Across**

- 2.** CLEAR COATING THAT PROTECTS CAVITY PRONE AREAS  
**3.** TOOTH THAT CANNOT BE SAVED  
**7.** APPLIANCE THAT KEEPS THE SPACE OPEN TO ALLOW THE TOOTH TO ERUPT  
**9.** PATIENT HAS GINGIVITIS  
**10.** USED TO REPAIR AND SAVE A TOOTH

## **11. TOOTH SHAPED CAP**

## **Down**

- 1.** PATIENT HAS PERIODONTAL DISEASE  
**4.** HELPS TO STRAIGHTEN TEETH  
**5.** DONE TO REMOVE STAINS ON TEETH  
**6.** RESTORE A TOOTH DAMAGED BY DECAY  
**8.** BASIC CLEANING