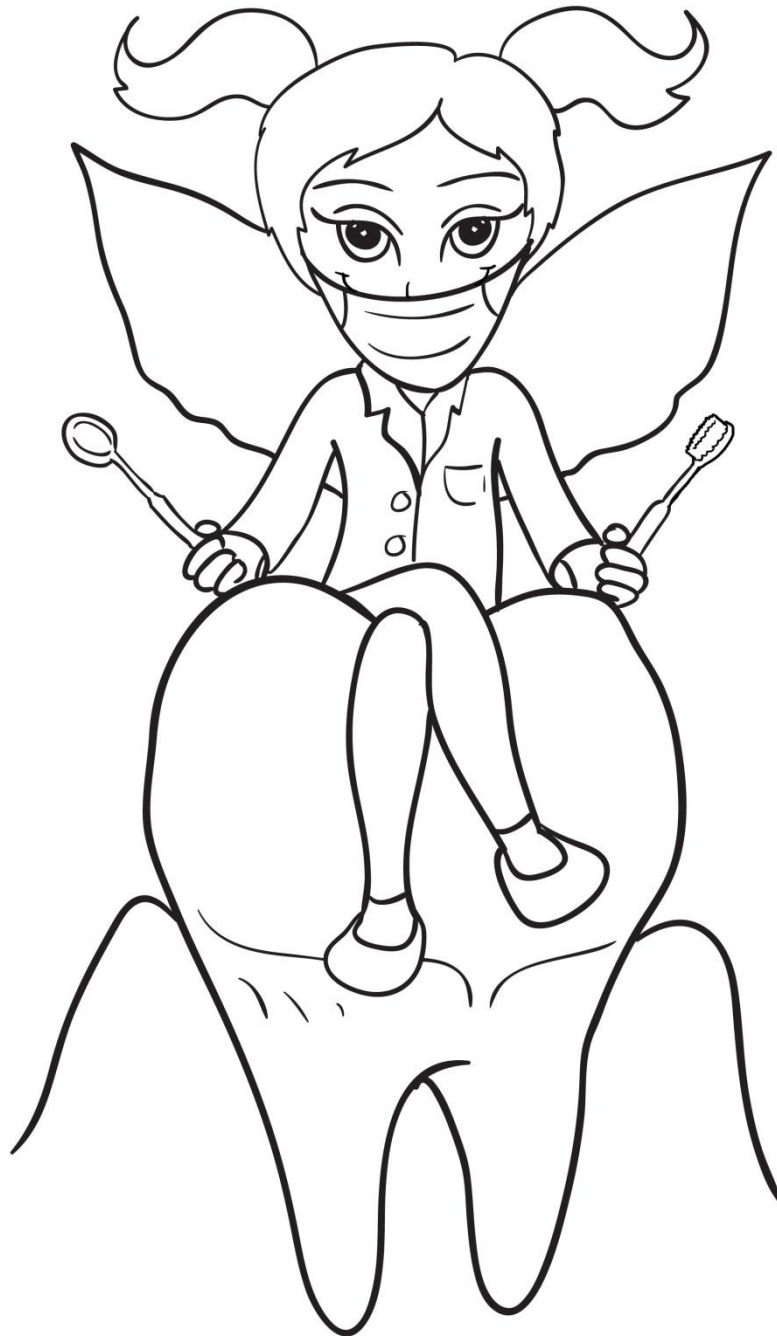


Participant Study Number

--	--	--	--	--	--	--	--

We would love to have some of your art work on the FICTION internet site!

Please colour the picture in the box below and give it to your dentist



Please tell us how old you are