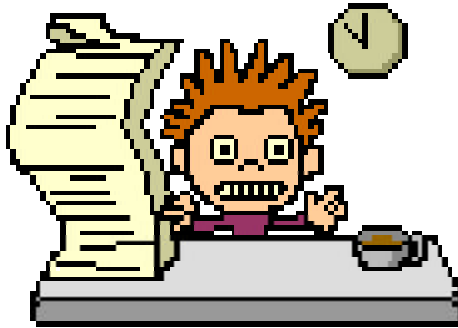


# My Thumb and I Agreement



Are you ready to participate in the thumb My Thumb and I Program?

If you are, read and sign the My Thumb and I Agreement with your parents.

## My Thumb and I Agreement

I want to stop sucking my thumb or fingers.

I can stop sucking my thumb or fingers.

I will participate in this program.

### **Participant:**

I will support my child's participation in this program.

### **Parent:**



Manhattan Pediatric Dental Group  
192 East 75th Street  
New York, New York 10021

Telephone: (212) 570-2221  
Fax: (212)570-2562