DENTIST'S OFFICE LISTENING

🎧

Listen and fill in the blanks.   Look at the example

Name:	Sam _____**North**_____
Address:	1. 2 _____ Street
Age:	2. _____
Problem:	3. ___**his**_____**teeth hurt**___
Day problem started:	4. _____ afternoon
See dentist at:	5. _____ p.m.