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Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/>  <input type="checkbox"/> Brush Twice Daily  Floss Once Daily <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/> Brush Twice Daily  Floss Once Daily <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/> Brush Twice Daily  Floss Once Daily <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/> Brush Twice Daily  Floss Once Daily <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/> Brush Twice Daily  Floss Once Daily <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/> Brush Twice Daily  Floss Once Daily <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/> Brush Twice Daily  Floss Once Daily <input type="checkbox"/>
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