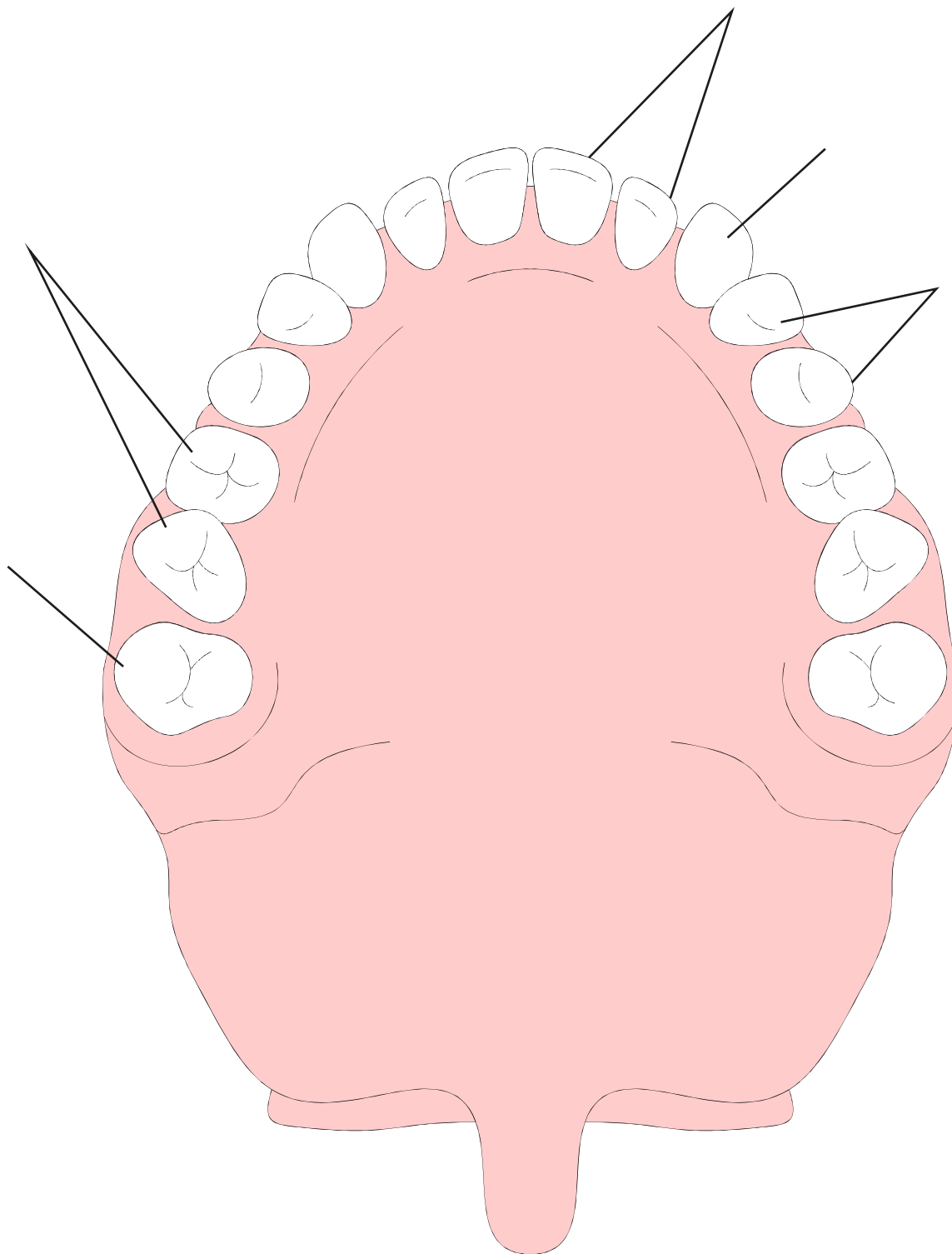


Teeth

Name _____ Date _____

Label the parts indicated below.



Teeth

Name _____

Date _____

Label the parts indicated below.

