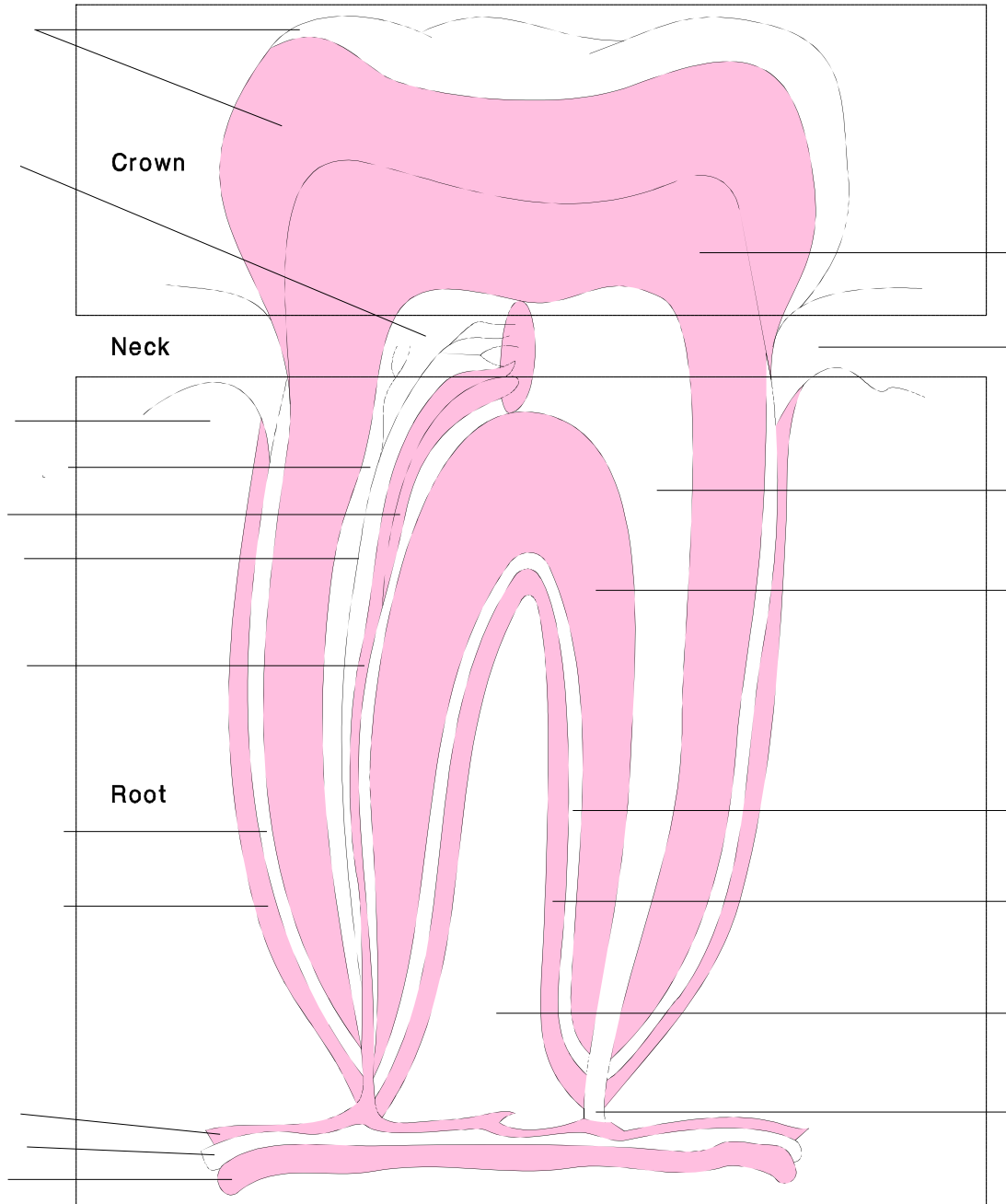


Tooth

Name _____

Date _____

Label the parts indicated below.



Tooth

Name _____ Date _____

Label the parts indicated below.

