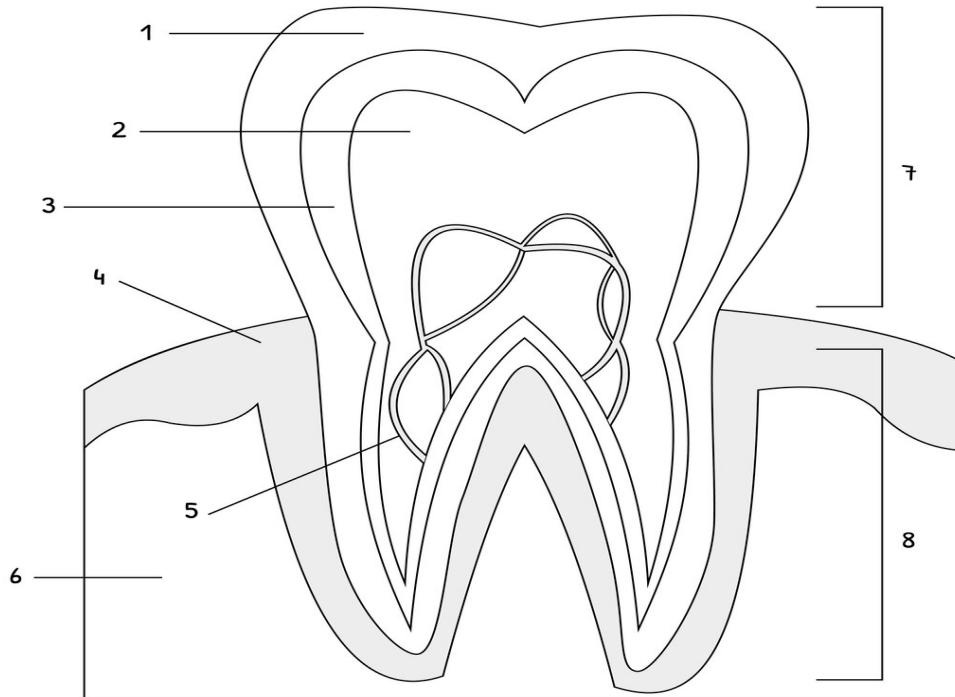


Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Dental Anatomy

Directions : Fill in the blanks with the correct name of mouth parts!



1. ....

2. ....

3. ....

4. ....

5. ....

6. ....

7. ....

8. ....