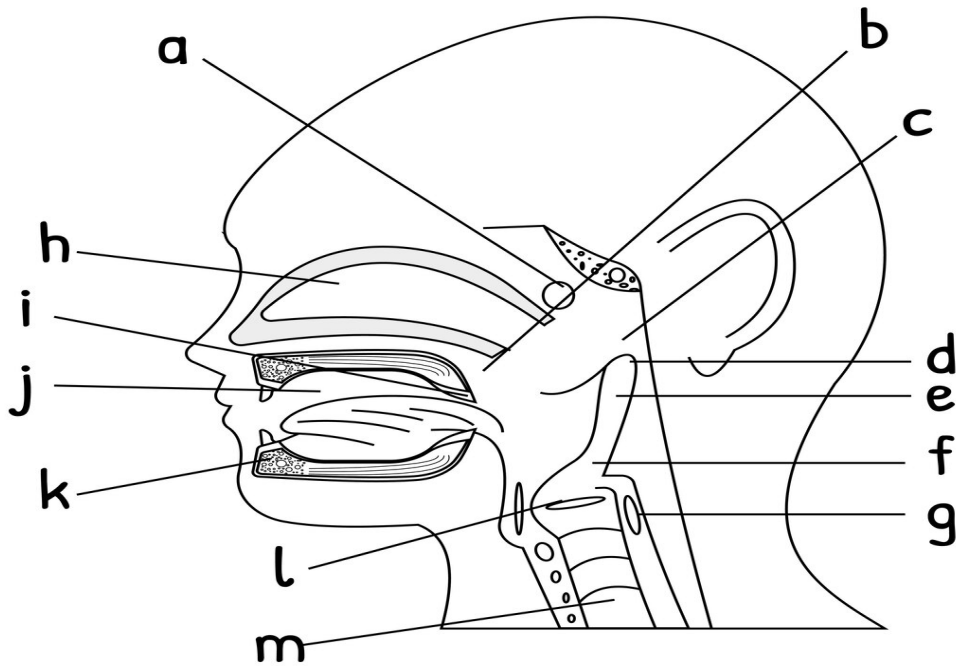


Name: _____

Date: _____

Mouth and Pharynx

Directions : Fill in the blanks with the correct name of each organ!



a.
b.
c.
d.

e.
f.
g.
h.
i.

j.
k.
l.
m.