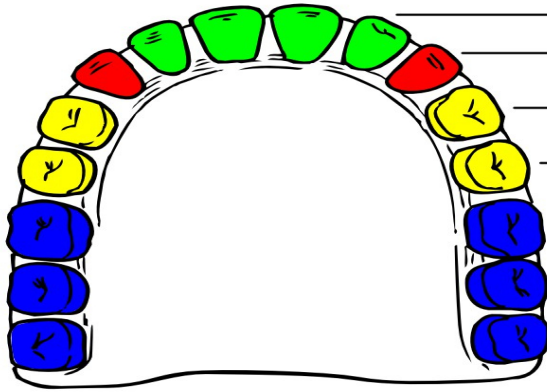


Name _____

Date _____

TEETH LABELING

UPPER TEETH



LOWER TEETH

