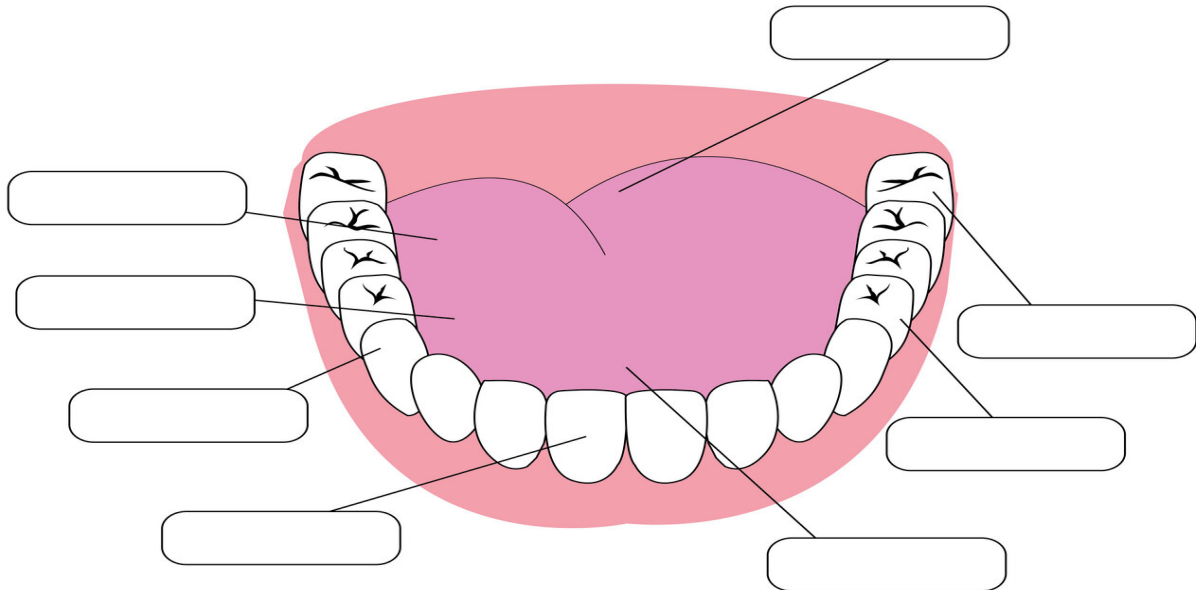


Name: _____

Date: _____

Tongue and Teeth

Directions : Label the mouth parts with the available glossary in the bottom box.



Molar

Premolar

Canine

Incisors

Sweet flavor

Bitter flavor

Salty flavor

Sour flavor