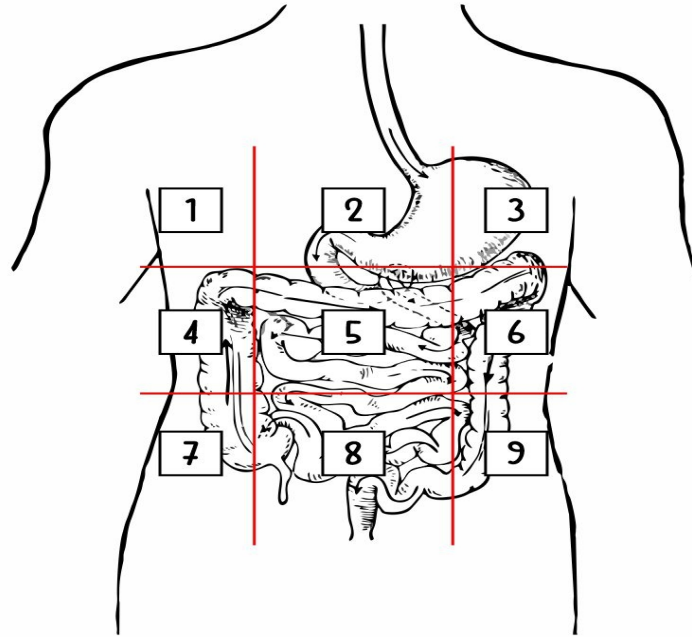


Name _____

Date _____

9 REGIONS OF THE ABDOMEN

Label the regions below & color the picture.



1. _____

5. _____

2. _____

6. _____

3. _____

7. _____

4. _____

8. _____

9. _____