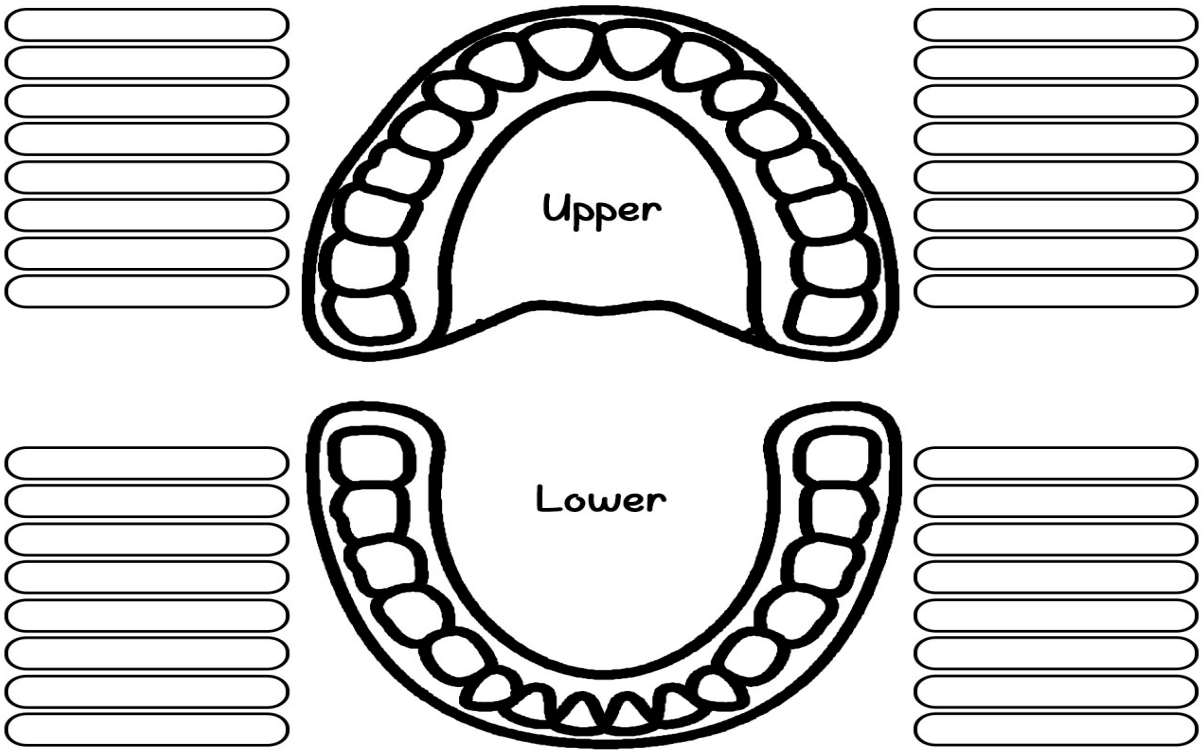
Name: _____ Date: _____

Dental Tooth

Label the tooth