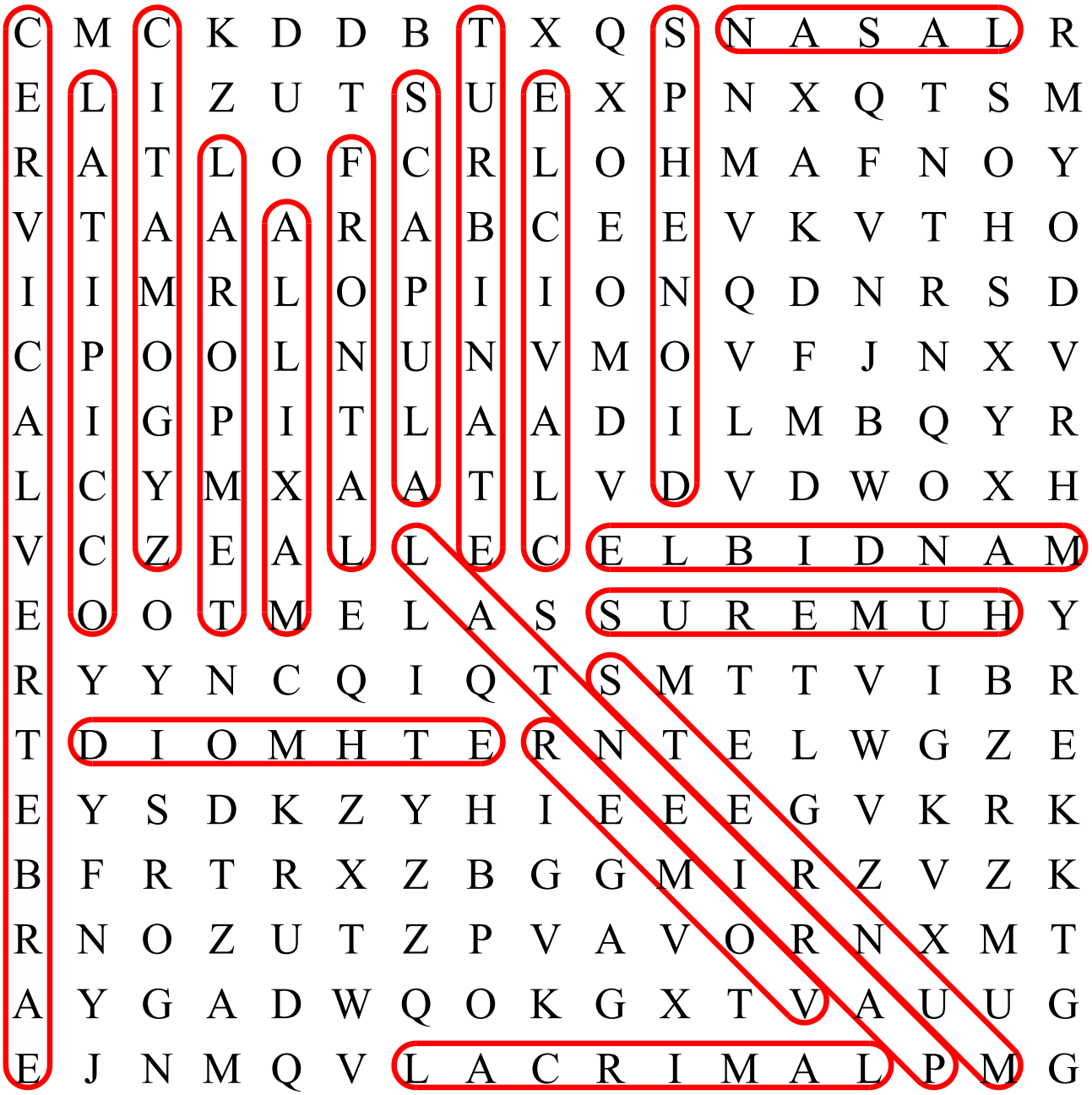
Name: _____ Date: _____

BONES



CERVICAL VERTEBRAE
OCCIPITAL
CLAVICLE
TEMPORAL
SCAPULA
MAXILLA
TURBINATE
PARIENTAL
SPHENOID
ETHMOID
HUMERUS
VOMER
ZYGOMATIC
LACRIMAL
MANDIBLE
STERNUM
FRONTAL
NASAL