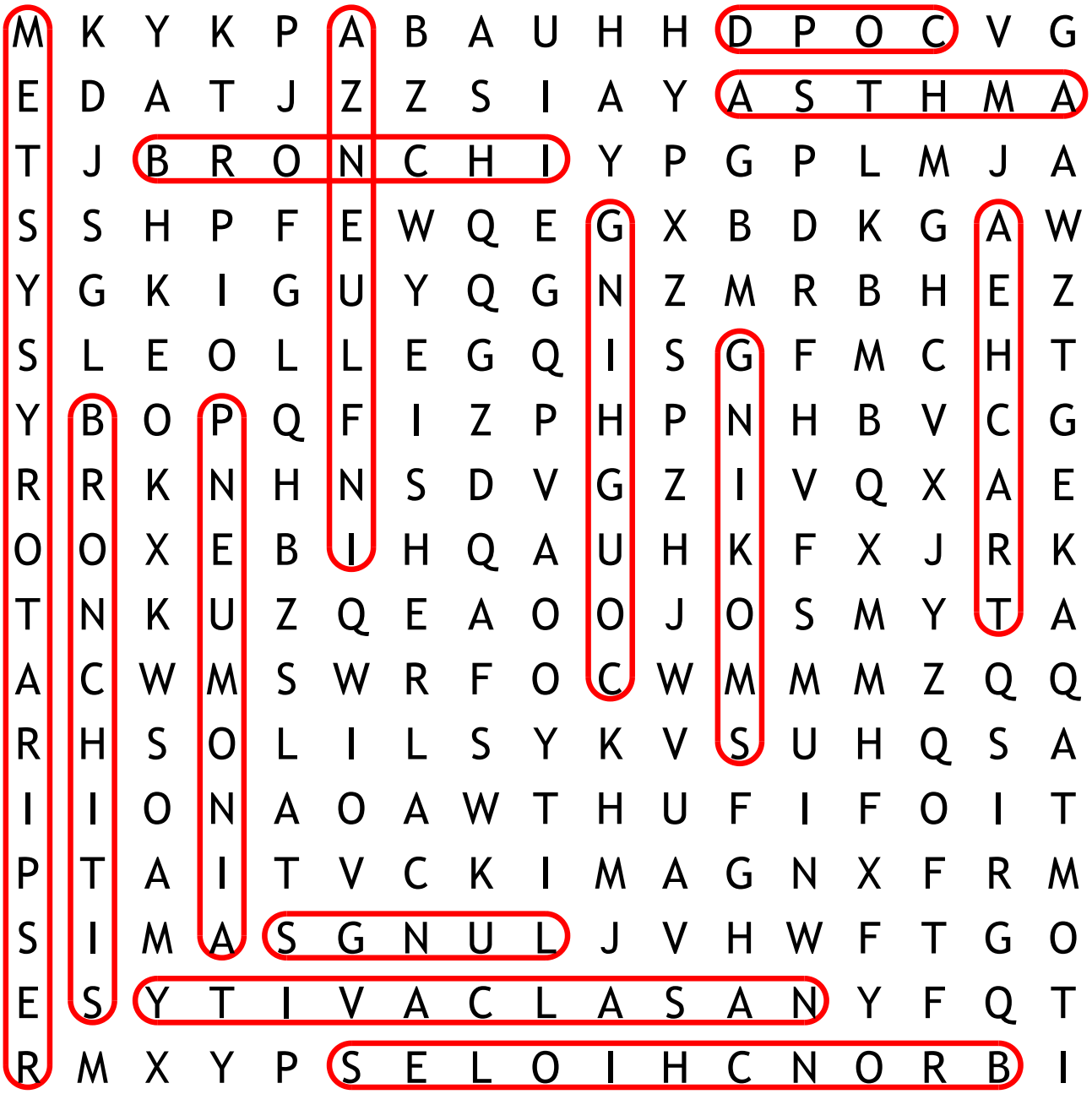
Name: _____ Date: _____

Respiratory System/COPD



Respiratory System
Bronchitis
Coughing
Trachea
COPD
Nasal Cavity
Pneumonia
Smoking
Asthma
Bronchioles
Influenza
Bronchi
Lungs