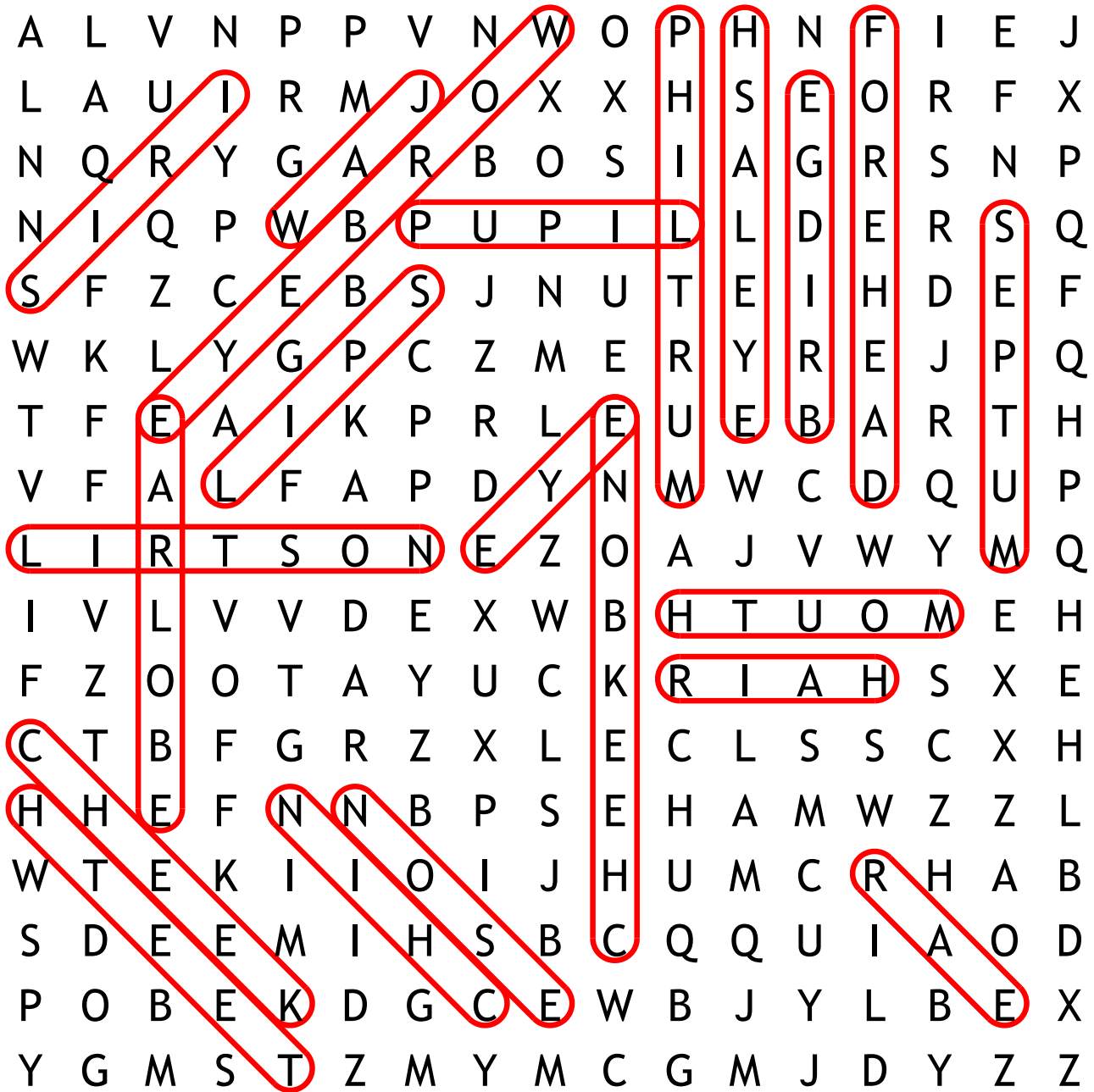


Name: _____

Date: _____

Face Features



Cheekbone	Forehead	Philtrum	Earlobe	Nostril
Eyelash	Eyebrow	Septum	Bridge	Teeth
Pupil	Mouth	Cheek	Hair	Chin
Iris	Lips	Nose	Jaw	Ear
Eye				