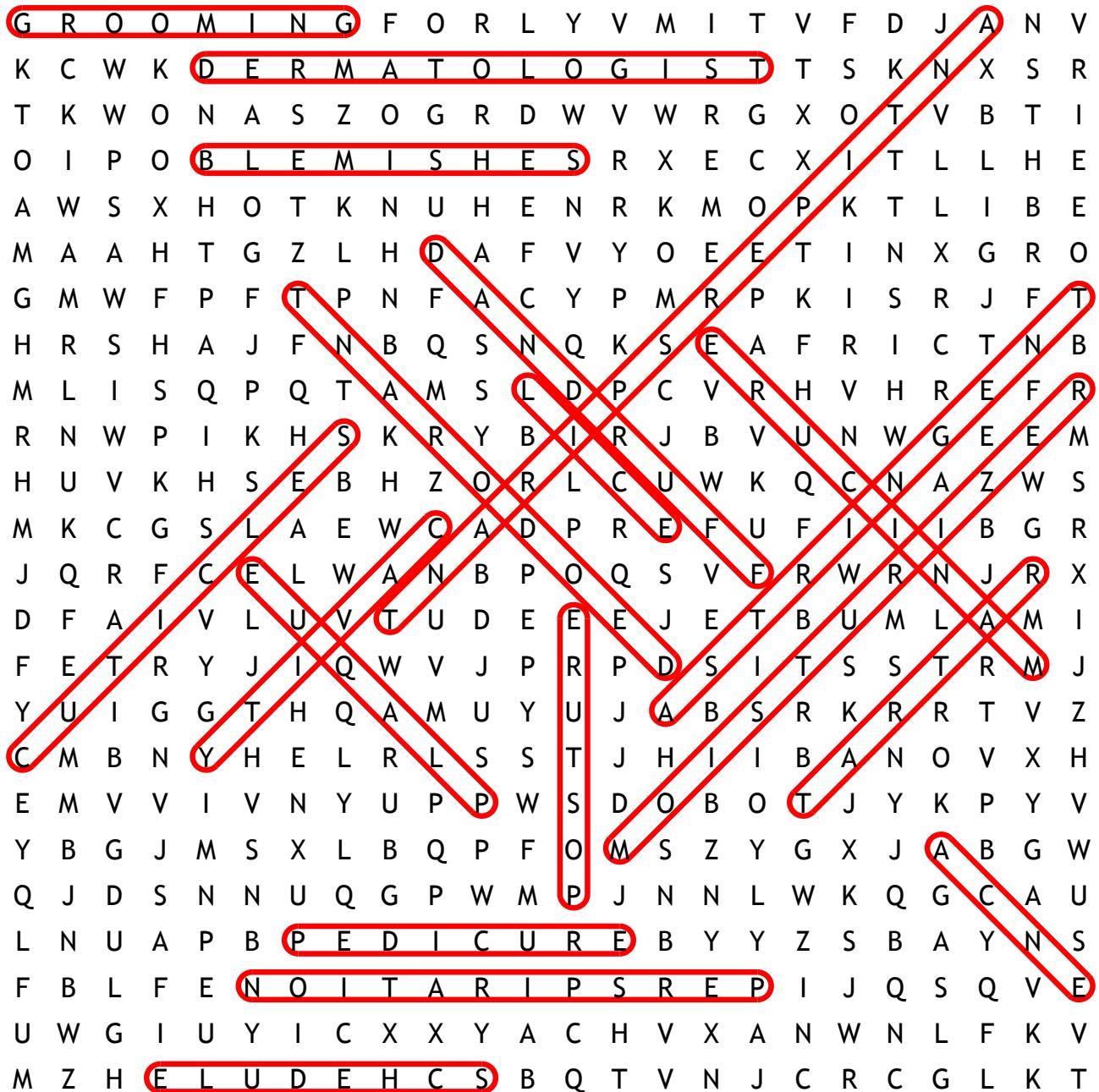


Name: _____

Date: _____

Teen Health



- | | | | |
|----------------|---------------|--------------|-------------|
| antiperspirant | dermatologist | perspiration | moisturizer |
| Astringent | blemishes | deodorant | dandruff |
| cuticles | grooming | pedicure | manicure |
| schedule | posture | tartar | plaque |
| cavity | lice | acne | |