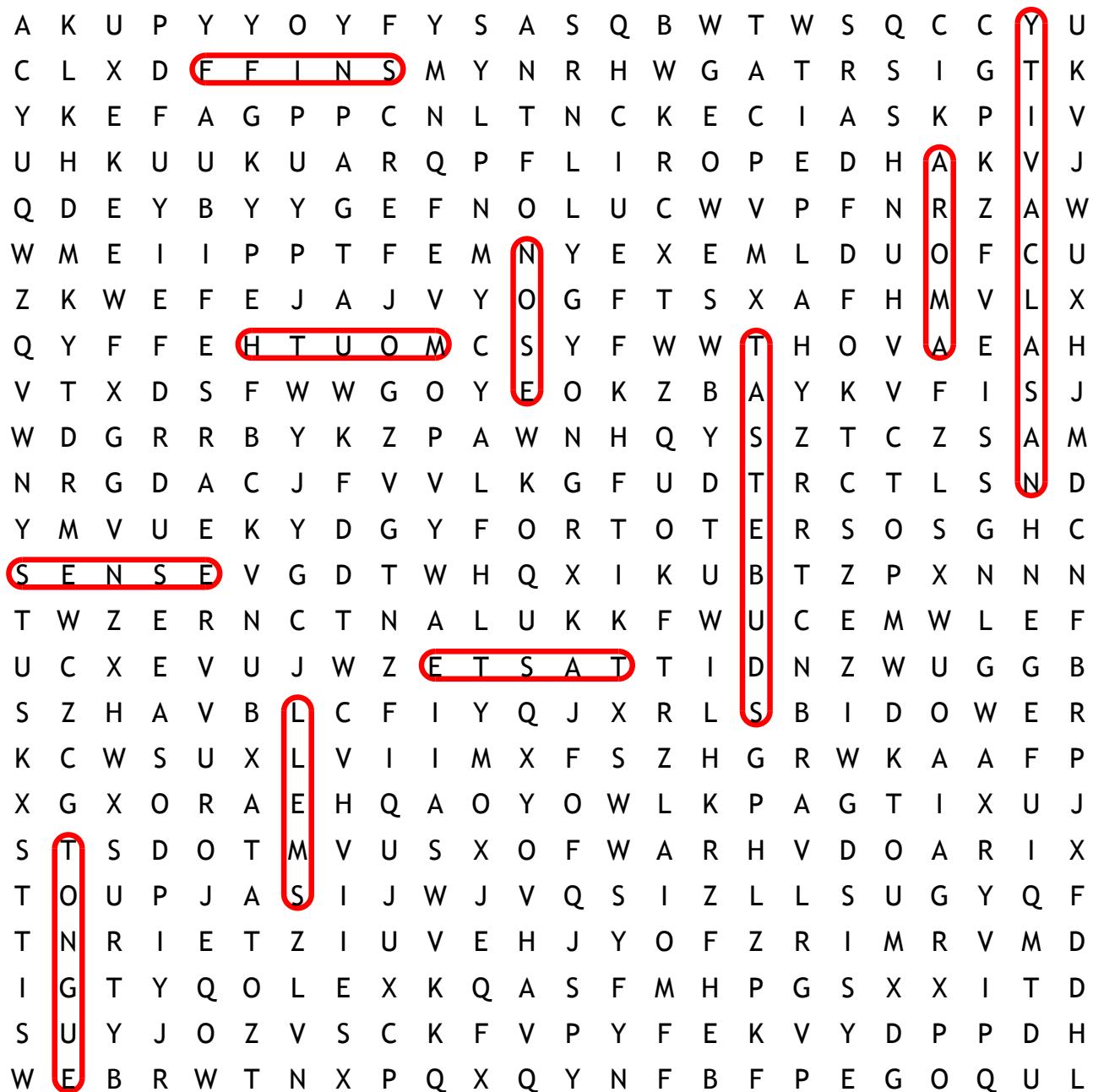


Name: _____

Date: _____

Sense of smell and taste



nasal cavity

taste buds

tongue

aroma

mouth

sense

smell

sniff

taste

nose