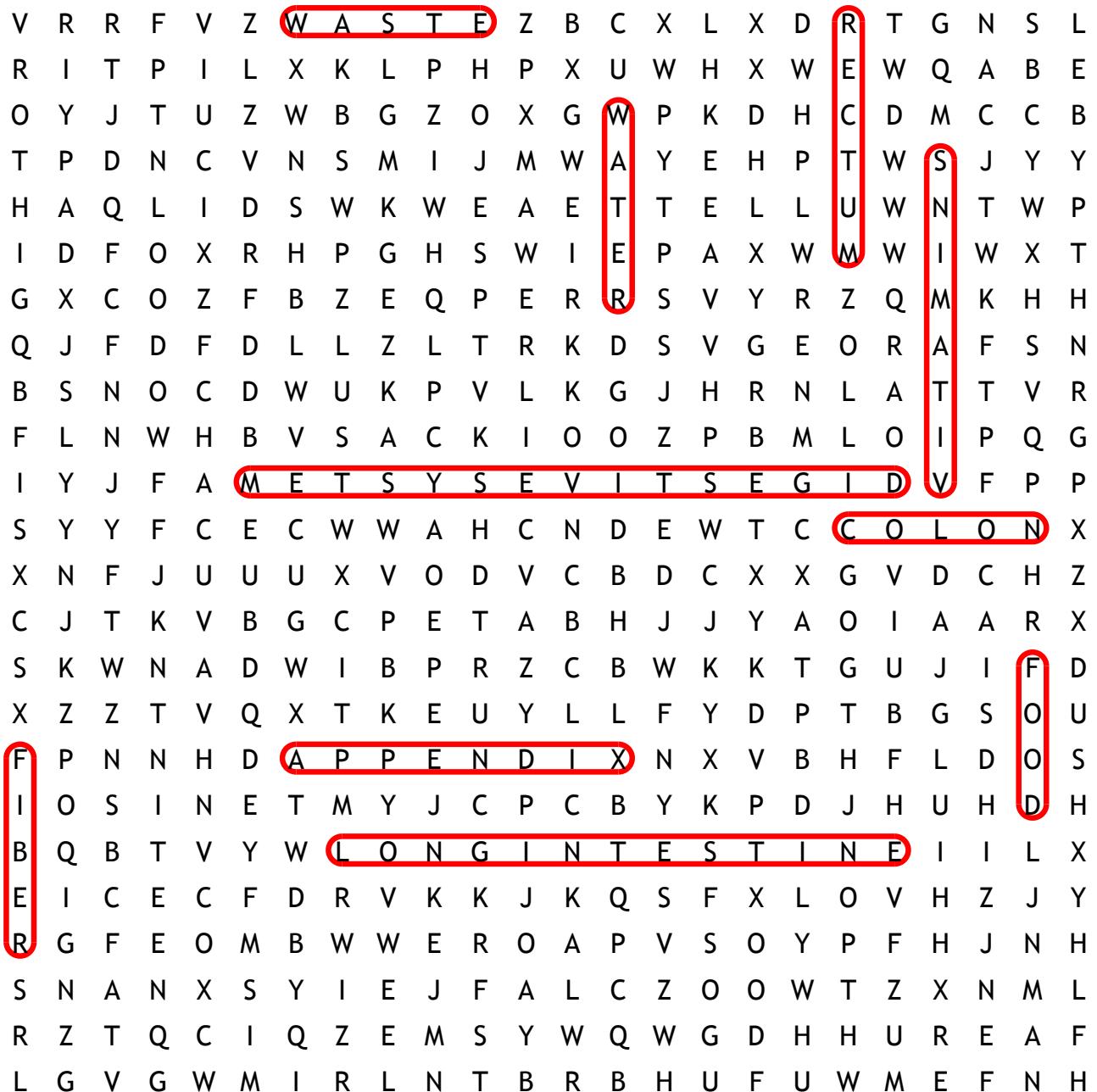


Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Long Intestine



Digestivesystem

Longintestine

Appendix

Vitamins

Rectum

Colon

Fiber

Waste

Water

Food