

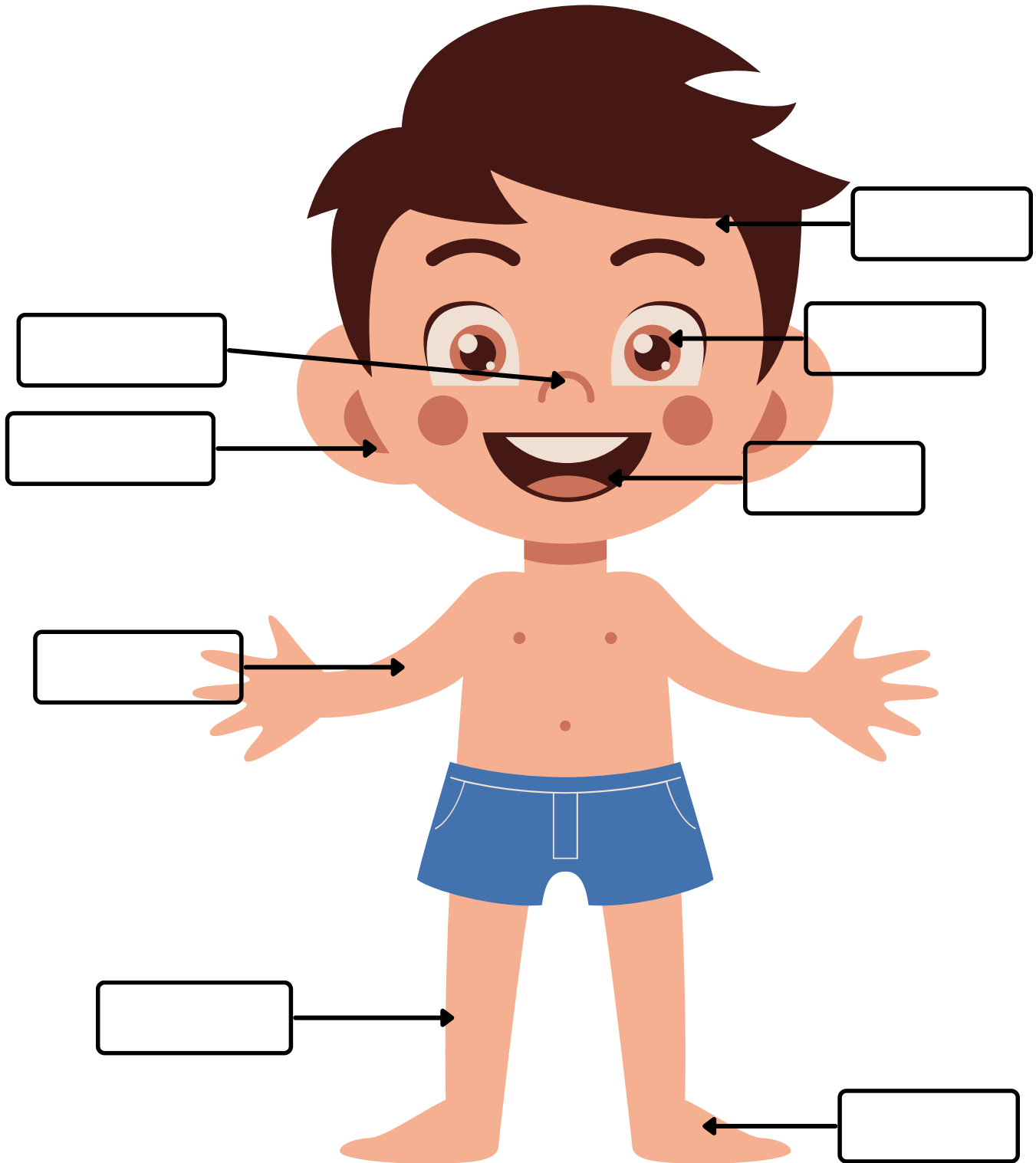
Name:

Date:



Parts of the Body

Use the word cards below to label the body parts.



MOUTH	EYE	LEG	EAR	HEAD	HAND	NOSE	FOOT
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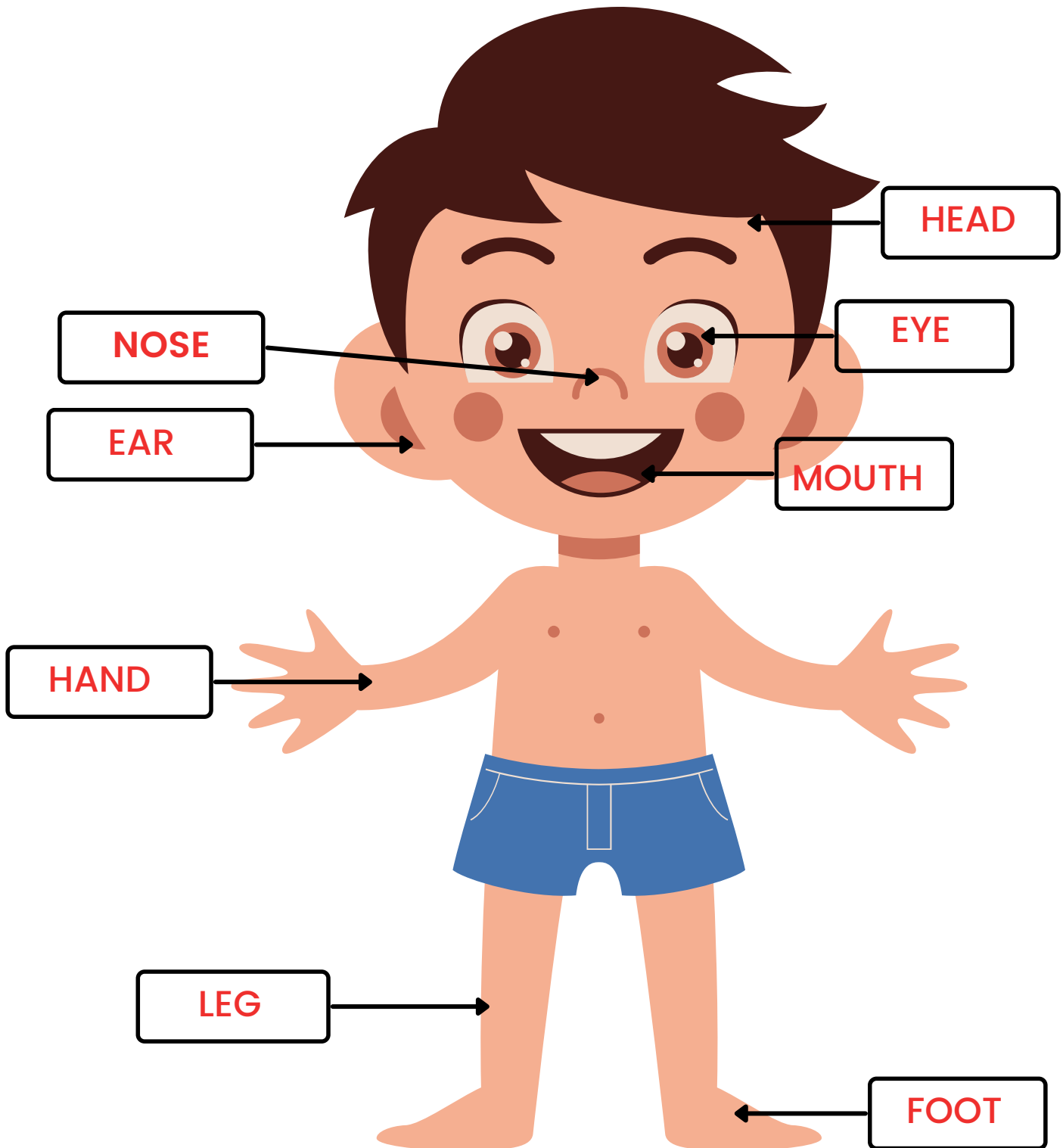
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