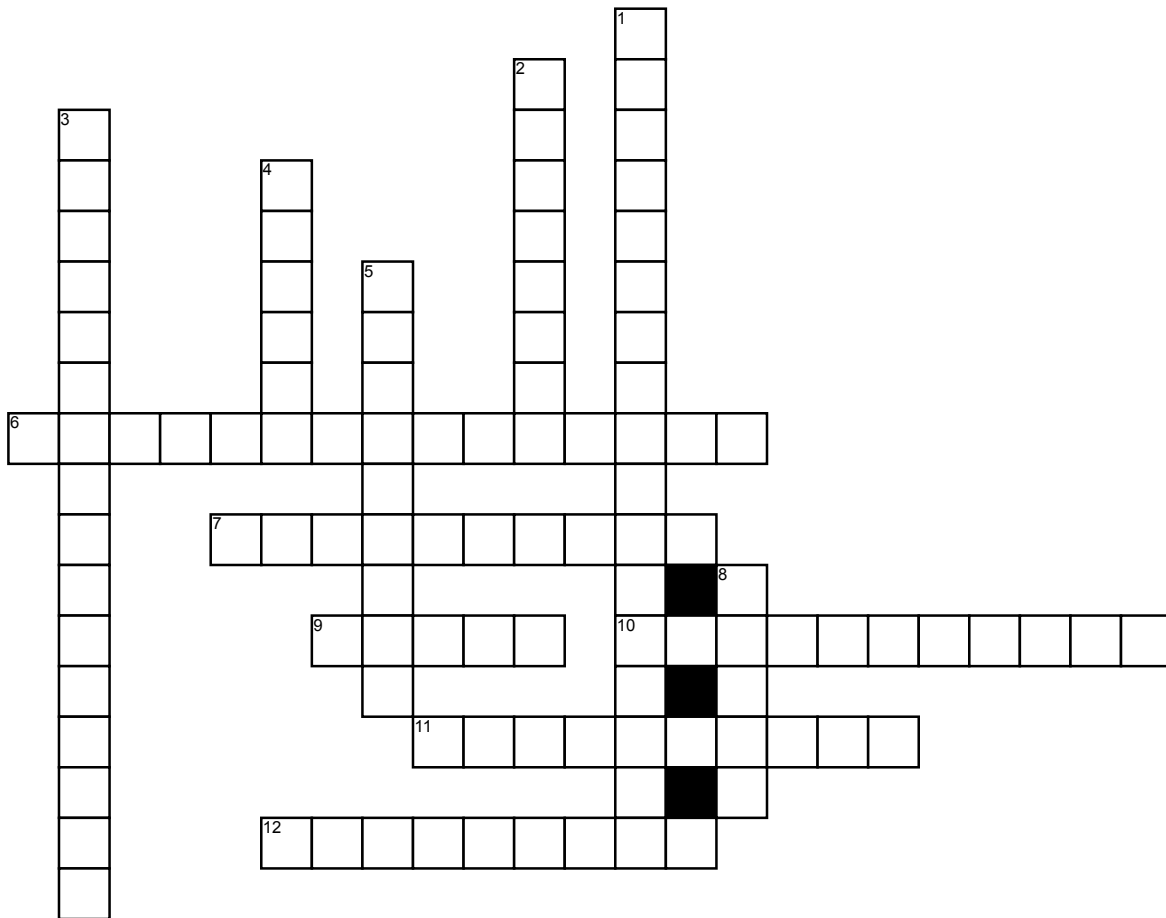


Name: \_\_\_\_\_

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

# Cranial Nerves



## Across

6. Head and neck

7. Eye movement

9. Viscera

10. Lower throat

11. Face

12. Smell

## Down

1. Hearing, balance

2. Again more eye movements

3. Throat, taste

4. Face, taste

5. More eye movement

8. Vision