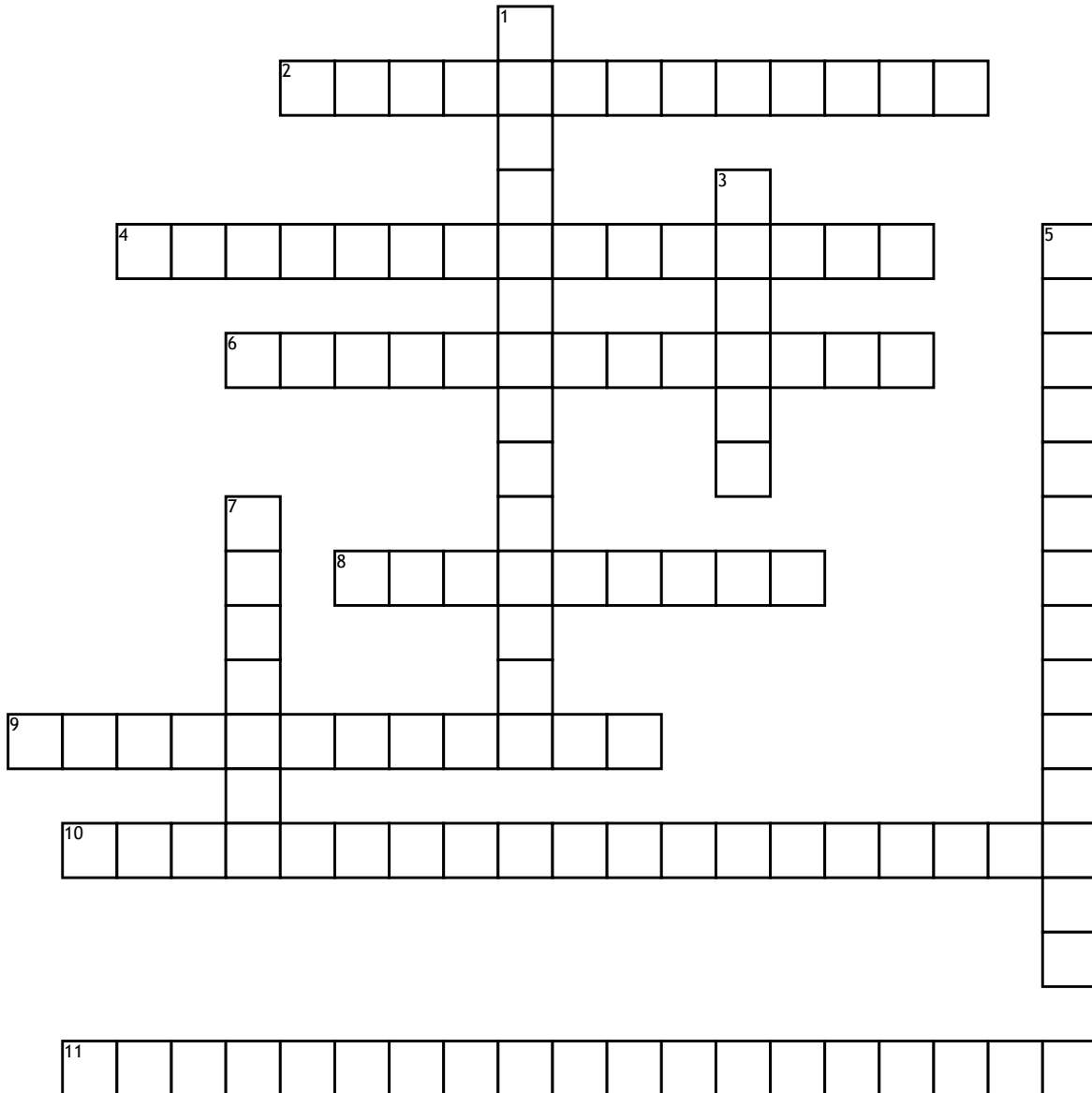


Name: _____

Date: _____

Extraoral Radiography landmarks



Across

- 2. #20 on image
- 4. #19 on image
- 6. #3 on image
- 8. #10 on image
- 9. #11 on image
- 10. #8 on image

11. #7 on image

Down

- 1. #17 on image
- 3. #4 on image
- 5. #5 on image
- 7. #18 on image