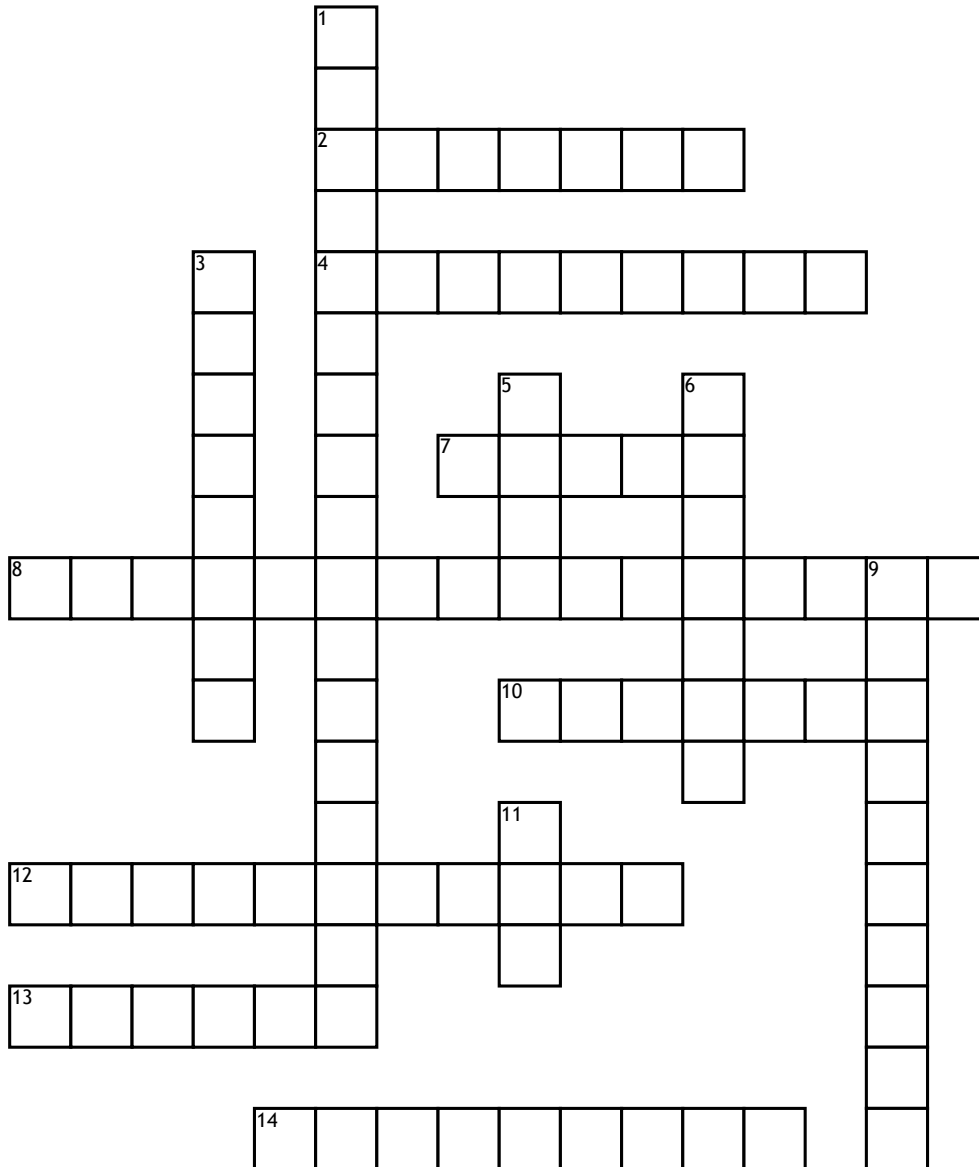


Name: _____

Date: _____

respiratory system



Across

2. 7

4. 8

7. 6

8. 14

10. 12

12. 1

13. 3

14. 11

Down

1. 10

3. 9

5. 5

6. 2

9. 4

11. 13