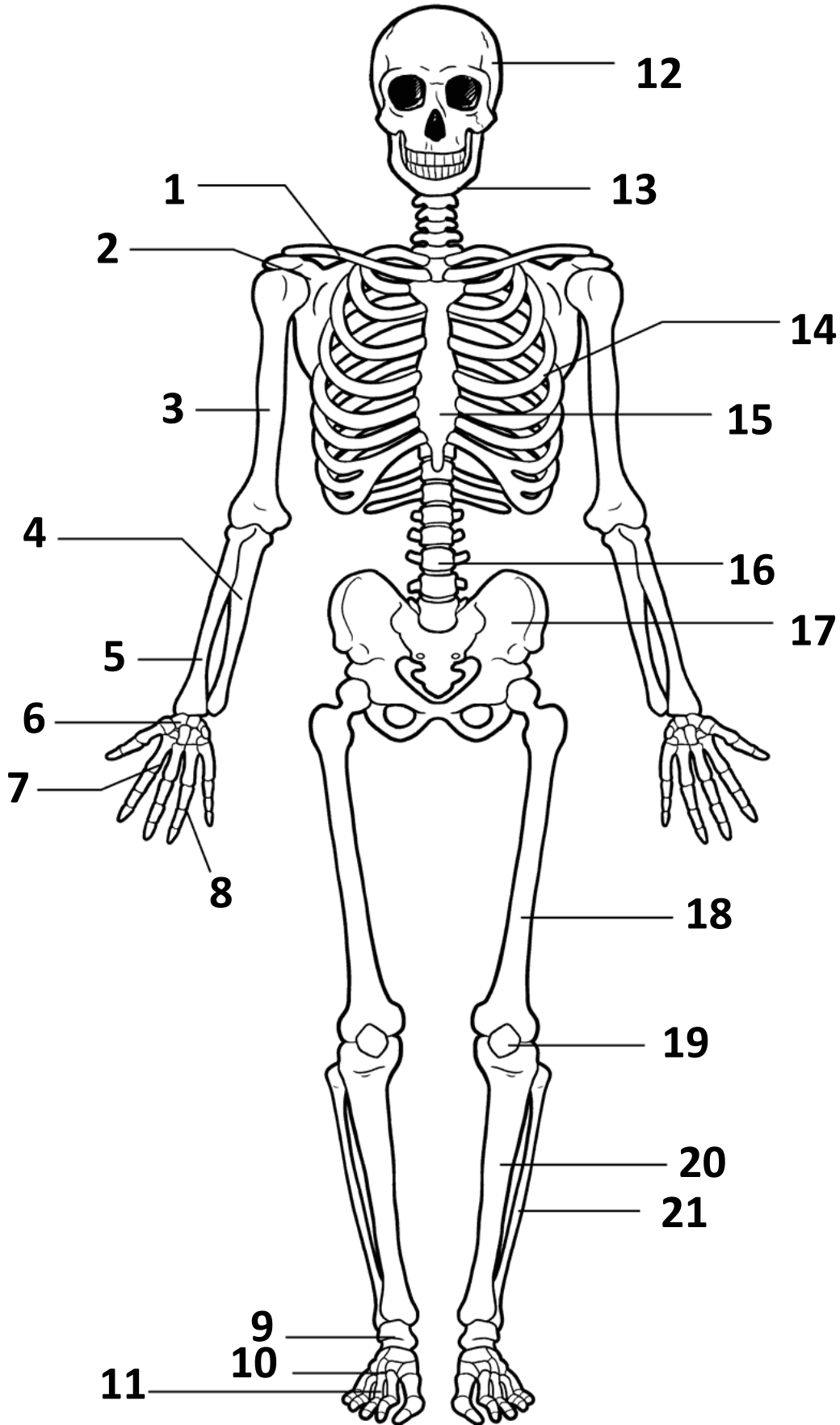


Name \_\_\_\_\_

Date \_\_\_\_\_



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

1. \_\_\_\_\_

Carpals

2. \_\_\_\_\_

Clavicle

3. \_\_\_\_\_

Cranium

4. \_\_\_\_\_

Femur

5. \_\_\_\_\_

Fibula

6. \_\_\_\_\_

Humerus

7. \_\_\_\_\_

Mandible

8. \_\_\_\_\_

Metacarpals

9. \_\_\_\_\_

Metatarsals

10. \_\_\_\_\_

Patella

11. \_\_\_\_\_

Pelvis

12. \_\_\_\_\_

Phalanges (Foot)

13. \_\_\_\_\_

Phalanges (Hand)

14. \_\_\_\_\_

Ribs

15. \_\_\_\_\_

Scapula

16. \_\_\_\_\_

Sternum

17. \_\_\_\_\_

Tarsals

18. \_\_\_\_\_

Tibia

19. \_\_\_\_\_

Radius

20. \_\_\_\_\_

Ulna

21. \_\_\_\_\_

Vertebrae