

Name: _____ Date: _____

Anatomic Ref/ Plane/ Directional/ Cavities

1. ODYB LPESNA _____
2. TAREENSVRS _____
3. LSDTIIGTMAA _____
4. NLRFAOT _____
5. IRFINEOR _____
6. RNACLIA _____
7. CDAALU _____
8. OPLRAMIX _____
9. DALIST _____
10. ITOPN FO TANACETTMH _____
11. SODALR VYACTI _____
12. NVLTREA AYTCVI _____
13. HCCAOTIR TCYVAI _____
14. AANOMLBDI TIAYVC _____
15. PICVLE VIYCTA _____
16. AIROTBL IACYVT _____
17. SNAAL VTCYAI _____
18. RAOL CAVTIY _____
19. URQ _____
20. QLL _____