

Name: _____

Date: _____

Healthy Mouth

M E T A L A P D R A H U A K E U S S I T T F O S
E U G N O T E H T F O R E D R O B L A R E T A L
D Z H K E N Q W T X B Z U M P D C V V Y U I X O
D E N T U R E C A R E W O B T V E S Q L I E Y E
V X P G N I N A E L C U L X Y S E R U A C V E X
A H M B H P A H B P T H Z D T P K F L K X T E H
I E O A B L Q X O H M S K I J D Y A C S A S K G
S D S N S U B M S D R T B H Z W B K A L P Z B Y
H L V K R I C W P G J U Y F S E A Q A D R A F S
U L G Z U B A C E Q L Y H D L O M P V E Y T O F
K I G S O B H S A E V U F E S T K S A L N F S E
X O P V J J H J U L H B D E M S B M D P T G J I
M U C R G Q U W T T M F R U B V O L S P I H I T
E V I S A R B A N O N U N U X M K G A I K Q U R
T T G U J N A D C M T E C W S I W L N T P E P L
G L E A P Z T Y W N R C Y O E H A H H S P R D U
L F S P I L Z P E F U Z D P S T D B K N Q U E F
J D K A U E A D K W M N C B E A X E P V H T A E
L B A N T E R I O R G I N G I V A I N H H N G R
G X A C O V E R E D C O N T A I N E R T B E K A
B K Q Z B I C W G L N N T S U K Q F P B U D X C
P P W S S W D T O O T H P A S T E R B S J R R N
A X D M U C O S A X D Z R X G W E Z D N L J E D
S R H F F L O O R O F T H E M O U T H V Z A V S

LATERAL BORDER OF THE TONGUE
ANTERIOR GINGIVA
DENTURE CARE
NONABRASIVE
MOUTH SWAB
CLEANING
DENTURE
MUCOSA
PINK

FLOOR OF THE MOUTH
BRUSH DENTURES
DENTURE SOAK
SOFT PALATE
TOOTHPASTE
STIPPLED
LABELED
PALATE

COVERED CONTAINER
BUCCAL MUCOSA
HARD PALATE
SOFT TISSUE
VESTIBULE
CAREFUL
FRENUM
LIPS