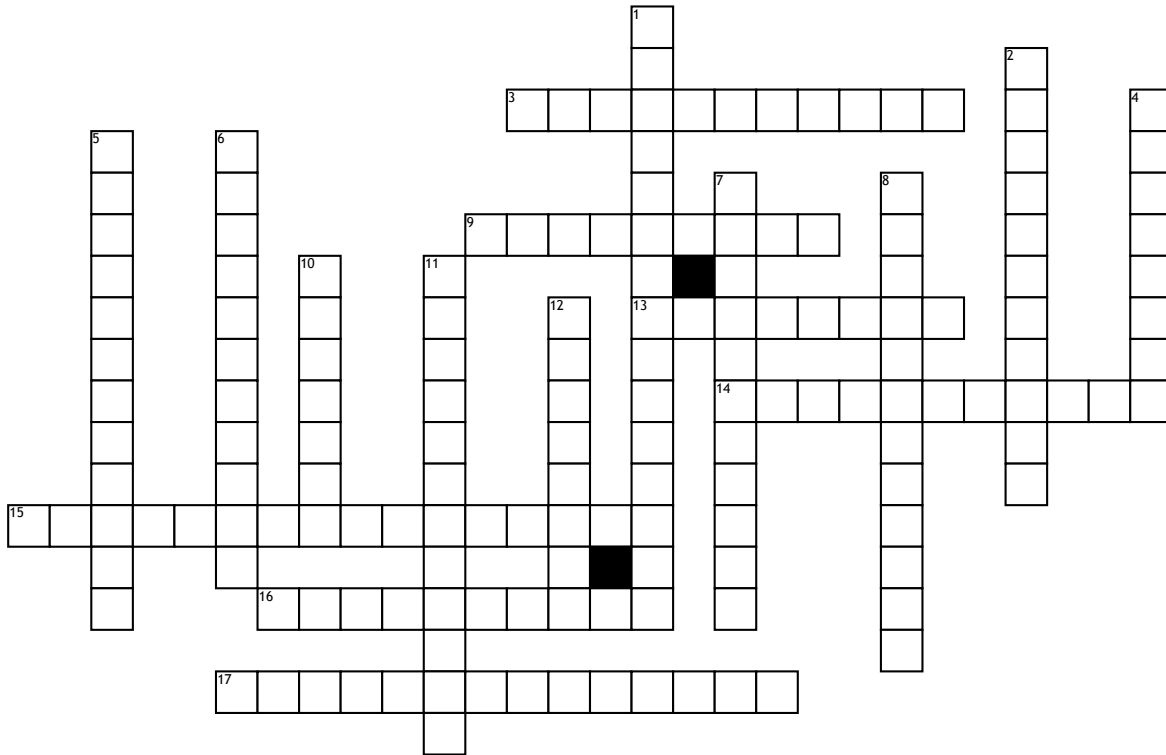


Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Cardiovascular



## Across

3. 13

9. 1

13. 6

14. 17

15. 2

16. 10

17. 5

## Down

1. 3

2. 14

4. 12

5. 9

6. 4

7. 15

8. 16

10. 8

11. 11

12. 7