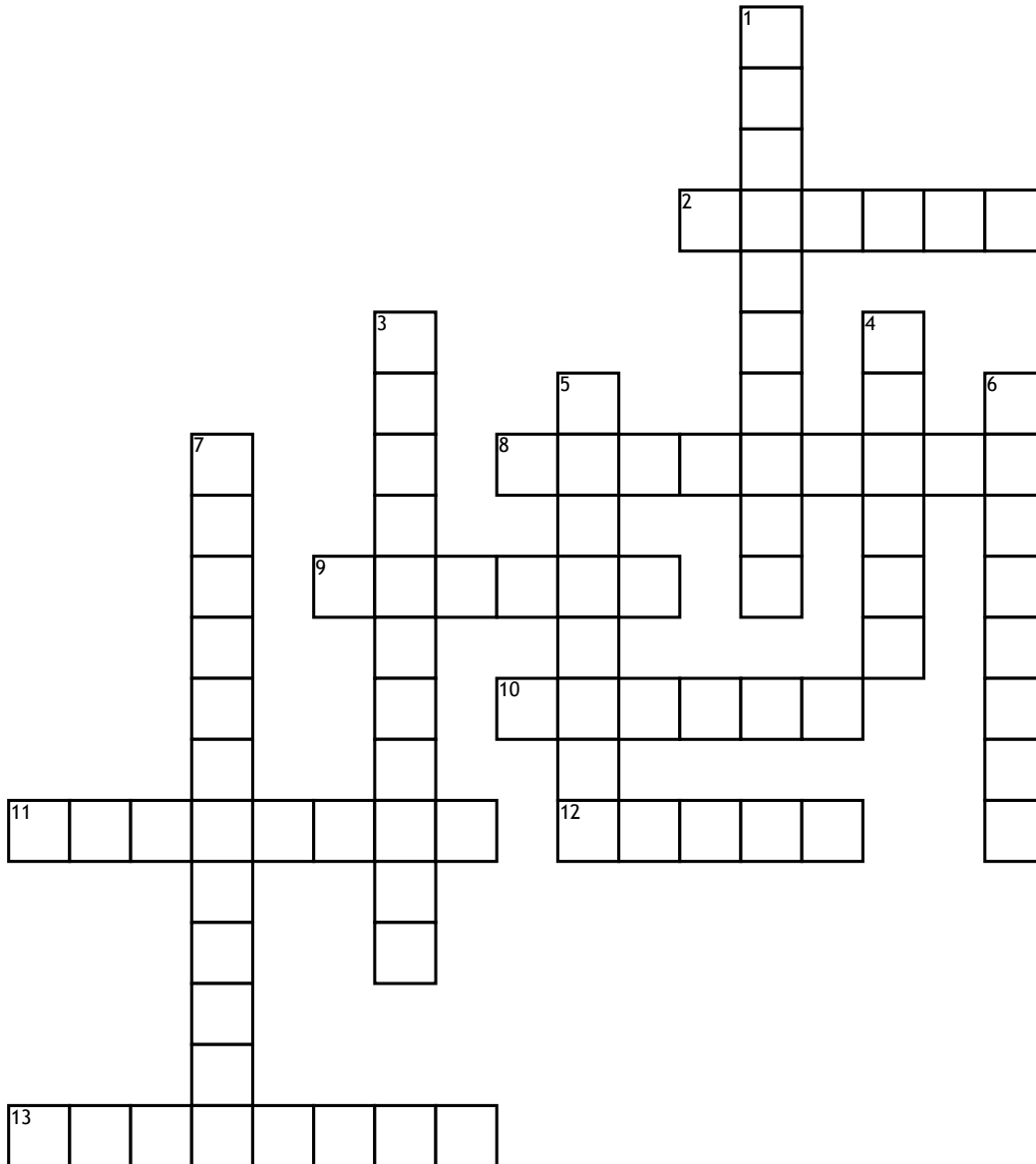


Name: _____

Date: _____

Chiropractic



Across

2. .

8. .

9. .

10. .

11. .

12. .

13. .

Down

1. .

3. .

4. .

5. .

6. .

7. .