

Name: _____

Date: _____

Community Health: Providers Names

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

BUTTERFIELD
GRABACH
DASHNAW
BISSEL
LOVKO

SCHNEIDER
Sperber
ELLWORD
WIKOFF
FJELD

Massillo
WOODARD
TURNER
Morgan
CARR

BECKLER
LAPRISE
CONNOR
GILEN
READ