

Name: _____

Date: _____

DERMATOLOGY

1. SREBROAEH _____
2. IICAHORGTAP _____
3. AICHYMOCAAL _____
4. PATHONAYDE _____
5. DAAOMIP _____
6. YSNSOAC _____
7. LAERDOMTOYG _____
8. SIKTESOAR _____
9. ILDOPI _____
10. TALMYOEECN _____
11. GPYOEICN _____
12. UUGASLUNB _____
13. INRODSSHIA _____
14. MOMEATRDE _____
15. APSERECTUJON _____