

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

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

# Dental

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

appointment  
filling  
bridge  
floss  
caps

mouthwash  
tartar  
clean  
x-ray  
gums

dentures  
polish  
chair  
crown

checkup  
cavity  
brush  
rinse