

Name: _____

Date: _____

Dental Assistant

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

Infection control
Communication
Chair side
Radiation
Office

Dental Assistant
Certification
Root canal
Hands On
Braces

Safety control
Orthodontist
Pediatrics
General
Teeth