

Name: _____

Date: _____

Doctor office visit

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

Receptionist
Broken arm
Magazines
Bandaid
Swabs
Ouch

Prescription
Blood work
Computer
Checkup
Tests
Sick

Appointment
Insurance
Records
Waiting
Nurse

Stethoscope
Heartbeat
Syringe
Doctor
Exam