

Name: _____

Date: _____

Doctors

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

Sphygmomanometer

Blood pressure

Ophthalmoscope

Reflex hammer

Temperature

Thermometer

Stethoscope

Oximeter

Otoscope

Spatula

Oxygen

Pulse