

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

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

# Doctor's Office

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

blood pressure cuff  
reflex hammer  
thermometer  
eye chart  
scale

tongue depressor  
cotton pads  
tuning fork  
bandages  
sink

hand sanitizer  
stethoscope  
paper cups  
gloves