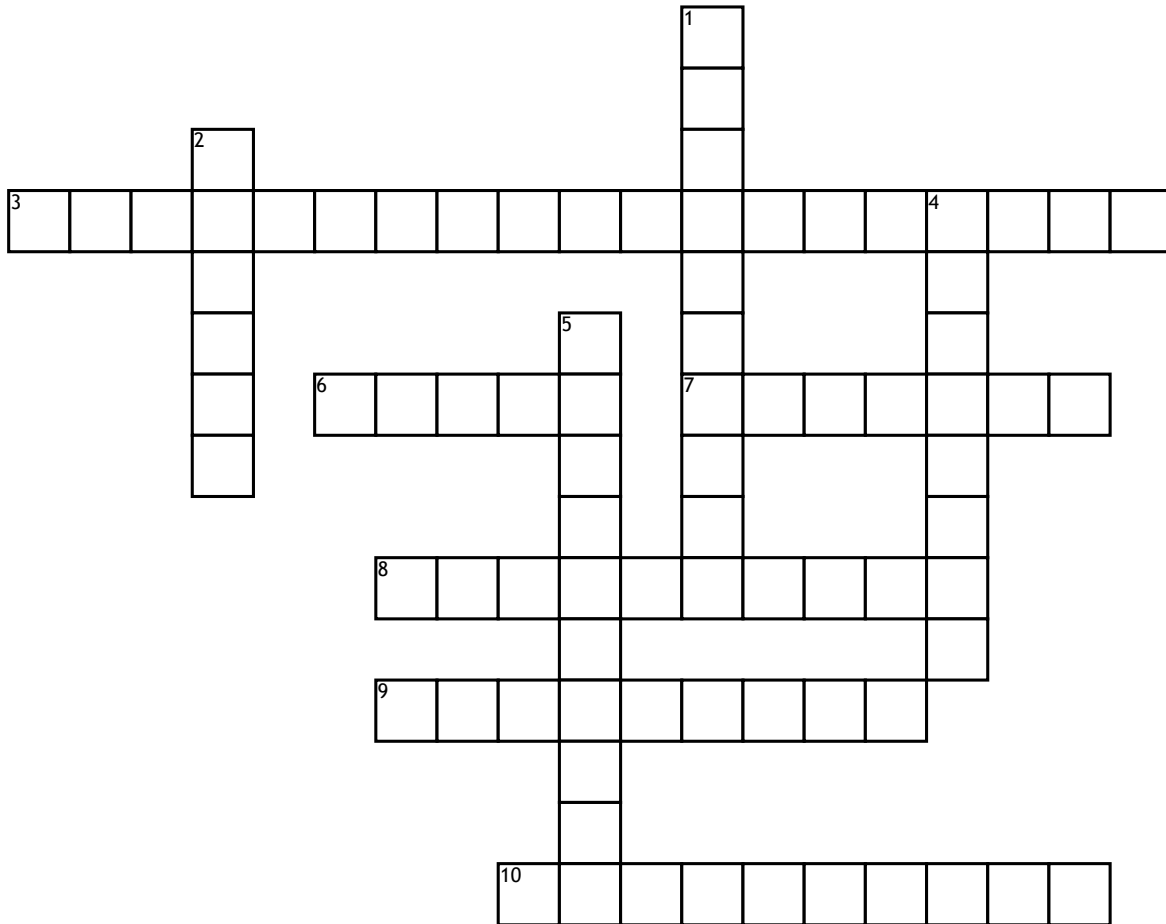


Name: \_\_\_\_\_

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

# Drug Review



## Across

- 3. Diuretic
- 6. N.S.A.I.D
- 7. Anti-Depressant
- 8. Diuretic
- 9. Anti-Biotic
- 10. Beta Blocker

## Down

- 1. Anti-Depressant
- 2. Asthma Inhaler
- 4. Insomnia
- 5. Anti-Diabetic