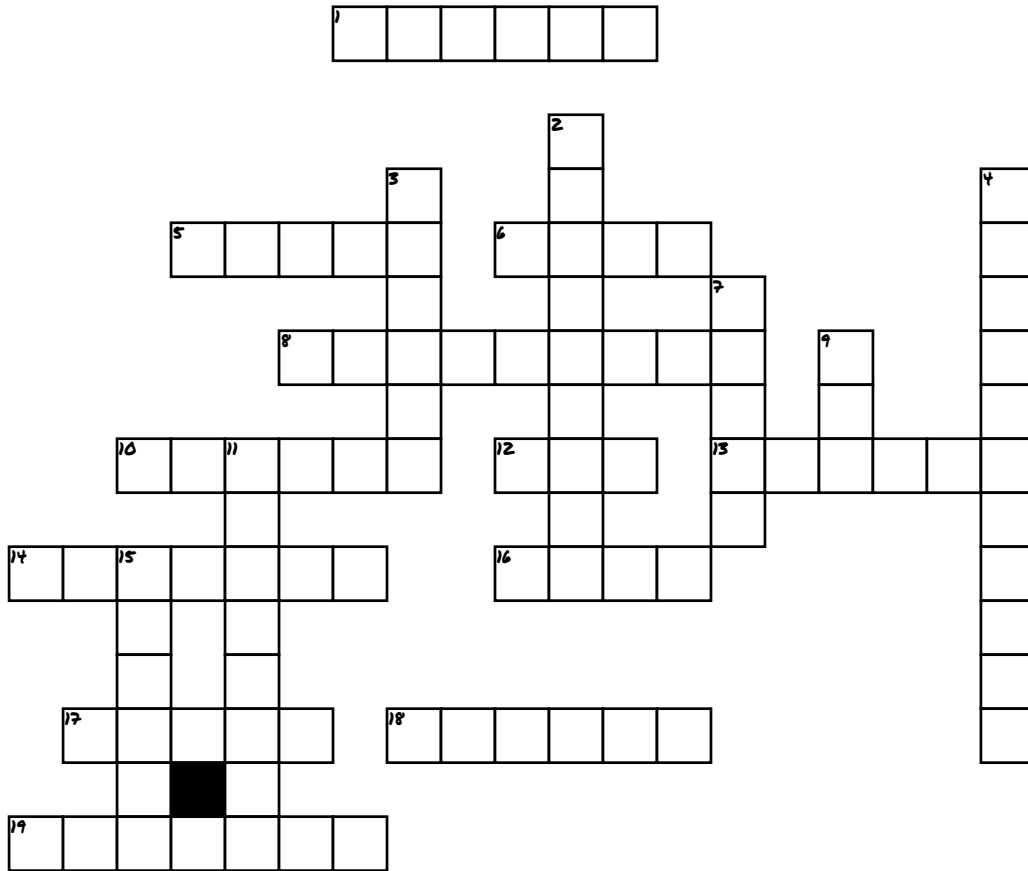


Name: _____

Date: _____

EYES



ACROSS

- 1. DROOPING
- 5. DULL
- 6. IRIS
- 8. FARSIGHTED
- 10. DOUBLE VISION
- 12. PUPIL
- 13. RETINE

14. EYELID

16. NIGHT

17. CORNEA

18. POOR VISION

19. COLOR

DOWN

2. INCISION OF THE CORNEA

3. NEAR SIGHTED

4. DISCHARGE OF TEAR

7. TEAR

9. VISION

11. EYE

15. NORMAL VISION

WORD BANK

HYPEROPIA

OPHTHALM

DACRY

DIOPIA

CHROMAT

PRESBY

PTOSIS

COR

RETINO

AMBL

OPT

IRID

EMMETR

COREOTOMY

BLEPHAR

NYCT

DACRYORRHEA

KERAT

MYOPIA