

Name: _____

Date: _____

FLU

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

Immunization	Commercial	September	Insurance	November
December	Schedule	Medicare	Medicaid	Diarrhea
Qualify	Patient	October	Selfpay	Vaccine
Disease	Doctor	Urgent	Nurse	Death
Vomit	Bird	Chip	Sick	Shot
PCP	Flu			