

Name: _____

Date: _____

Going to the Dentist

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

dental assistant	heavy blanket	waiting room	headphones
sunglasses	equipment	treatment	dentist
tounge	smells	noises	relax
mouth	teeth	tools	chair
light	lips		