

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

# Health Care

1. SSEAESID \_\_\_\_\_
2. OANOCR RUSIV \_\_\_\_\_
3. AILDCME TISTNAASS \_\_\_\_\_
4. EHMO EAISD \_\_\_\_\_
5. YSLACHPI RESSPAHTTI \_\_\_\_\_
6. UENSR \_\_\_\_\_
7. AAMPICRTSH \_\_\_\_\_
8. EATDIRPINICA \_\_\_\_\_
9. SNROGEU \_\_\_\_\_
10. TEIDSTN \_\_\_\_\_