

Name: _____

Date: _____

Health Specialist

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

Ophthalmologist

Dermatologist

psychologist

Orthodontist

Pediatrician

Gynecologist

Psychiatric

Orthopedist

Neurologist

Oncologist

Urologist

Allergist