

Name: _____

Date: _____

Health Specialists

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

Ophthalmologist

Dermatologist

Psychologist

Psychiatrist

Pediatrician

Orthodontist

Gynecologist

Orthopedist

Neurologist

Oncologist

Urologist

Allergist