

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

# Hip Fracture

1. RHMITHSAPTAYORLE \_\_\_\_\_
2. TRUERACF \_\_\_\_\_
3. GLRFEAI \_\_\_\_\_
4. VDT \_\_\_\_\_
5. PNAI \_\_\_\_\_
6. LGLIWSEN \_\_\_\_\_
7. KBORNE \_\_\_\_\_
8. TATLO PIH IPARRE \_\_\_\_\_
9. PLSEIV \_\_\_\_\_
10. HGWITE BIGNRAE \_\_\_\_\_