Name: _____ Date: _____

Hypertension

1. GHIH DOLOB SEERRSUP _____
2. OTSLSCIY _____
3. IODACTSLI _____
4. NO TMPYSOSM _____
5. TERISRAE _____
6. DISCBTAEI _____
7. ENM UNDRE ORVFYFTEUI- _____
8. OWNME ERVO TXY-SEFVII _____
9. SLYIEETFL EAHGCN _____
10. LTISNE ILRKEL _____
11. EATRH AASCTKT _____
12. KSEOTR _____