

Name: _____

Date: _____

Hyperthyroidism

1. MAPETLOXHHOS _____
2. LAYBIRTIIRIT _____
3. ERRAIDHA _____
4. AATCDIRHCYA _____
5. ITSANAPLTPIO _____
6. MNSOINAI _____
7. IAHR LSSO _____
8. TEOGRI _____
9. NSDEIRCAE EIPATTEP _____
10. HHARRIMAYT _____
11. RTREMO _____
12. ENRTSMLAU EAGNHSC _____
13. EBITTRL HRAI _____
14. OIAEDRSPHIS _____
15. MTIOS SKIN _____
16. HTPOBIAPHOO _____
17. LOW GRADE EFVER _____
18. AICRNEDES LBIOD _____
19. HAET NEIRENOCLTA _____
20. AEDDSECRE ONETTNTAI SPNA _____