

Name: _____

Date: _____

KNOW YOUR DRUGS

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

ITRACONAZOLE

ATORVASTATIN

ALBENDAZOLE

TELMISARTAN

ZAMIVUDINE

RANITIDINE

ACYCLOVIR

MEROPENEM

ENALAPRIL

METFORMIN