

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

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

# Medical Assistant

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

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Coding

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HIPAA