Name: _____

Medical Occupations

Animal technician

Chiropractic

Gynecologist

Orthodontics

Neurologist

Internist

Optician

Surgeon

Doctor

Nurse

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