Name: _____ Date: _____

Medication Scramble

1. IETD _____
2. NICAEMTDIO _____
3. PLIL BOX _____
4. SHDEUELC _____
5. AEGDSO _____
6. MIET CEDUELHS _____
7. IAIYFBL OEDPEATK _____
8. DIES ESTFCFE _____
9. BLRIPOA _____
10. NTIYXEA _____
11. SCIPZHORHEINA _____