

Name: _____ Date: _____

Older Adults and Patients with Special Healthcare or Functional Needs

1. CNHIRCO IDESSAE _____
2. ETAEBMVEERN RCAE _____
3. NCOTIEGIV ETIARMNPM _____
4. EERSICV AMLAIN _____
5. NLTAME LSNIESL _____
6. REASEPGR ONSDYRM _____
7. ILAHSEMZER AESDSIE _____
8. NDEMIEAT _____
9. EHCOSP ECAR _____
10. DFEAESSN _____