

Name: _____

Date: _____

Oral hygiene

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

silent aspiration
gingivitis
Halitosis
saliva
soft

periodontitis
oral care
reversed
Plaque

mouth swabs
dysphagia
bacteria
daily