

Name: _____

Date: _____

PASTEUR EYE HOSPITAL

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

SUB TENON CANNULA

NASAL CANNULA

CELESTONE

TEGADERM

TOBREX

SUCTION CATHETER

BLEPH MARKER

TAZIJECT

URIZONE

ROBOTIP MARKER

SUCTION TUBE

EFFORTIL

SUFENTA