

Name: _____ Date: _____

PHARMACY JUMBLE

1. AOETPUNITT _____
2. ROTRNCEIIPPS _____
3. MSOAIENCTDI _____
4. ISIUNLN _____
5. GCEEIRN _____
6. ALLGRYE _____
7. TEEACTHURIP _____
8. RMFYLORUA _____
9. PTATNIE _____
10. INIBTOICSAT _____