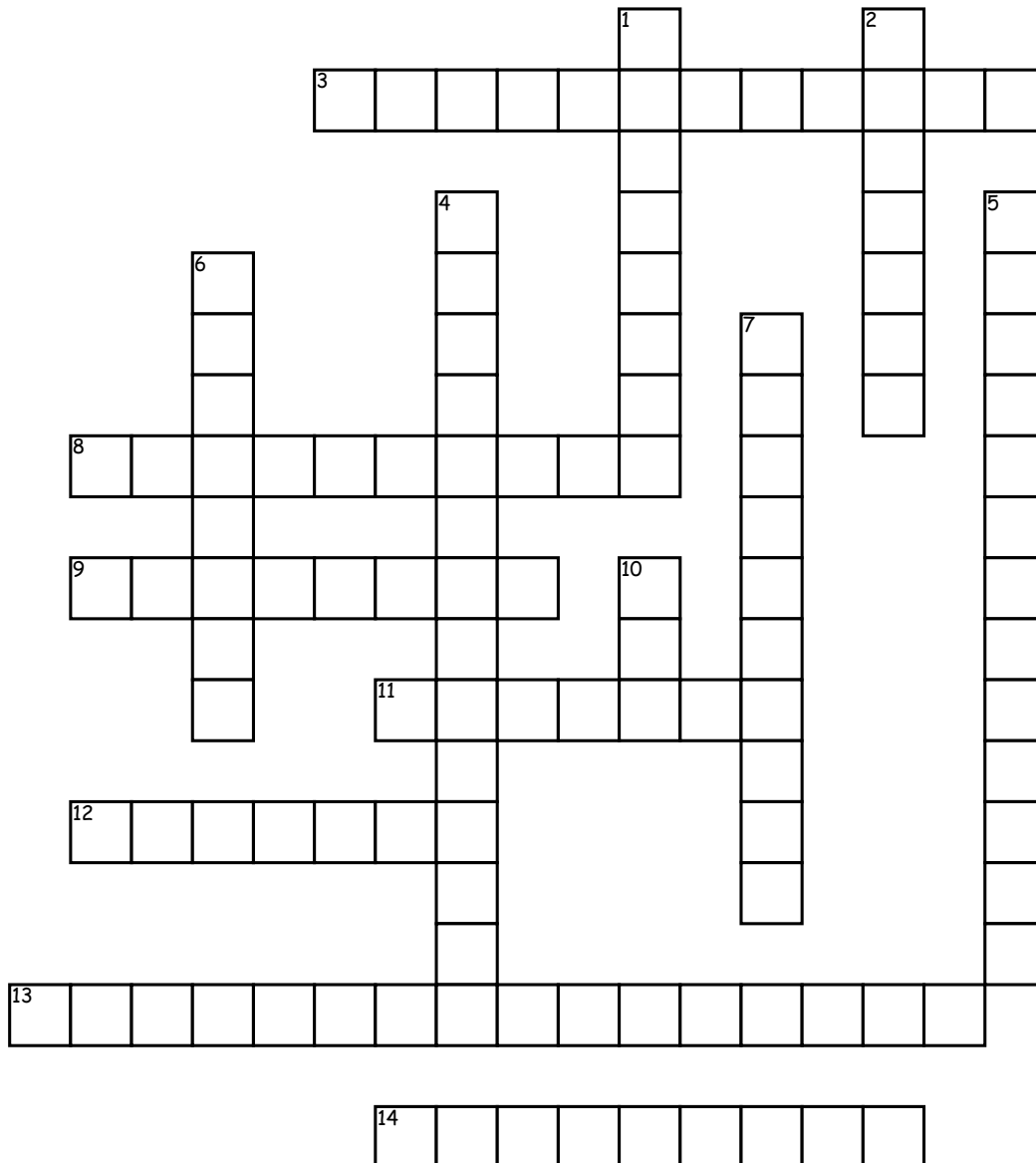


Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Pharmacy



## Across

- 3. WCB
- 8. OOS
- 9. Shingrix
- 11. 120ml
- 12. Lantus

13. TPR

14. Generic  
Advil

## Down

- 1. Fast moving  
meds
- 2. Red Tote

4. OTC

5. Oxycontin

6. 15 Minutes

7. Credit Card  
on file

10. Order daily  
stuff from