

Name: _____ Date: _____

Side effects from medication

1. RSEAHS _____
2. AEASUN _____
3. BRTANGHEI ECUTLDFFIIS _____
4. WNIESLGL _____
5. TGMNVOII _____
6. RHAEIDROA _____
7. SSEFSTFNI _____
8. SHKNAIG _____
9. CASADEEHH _____
10. IRSNSSWODE _____
11. TNSINOCTIPA _____
12. EHWITG AGIN _____