

Name: _____

Date: _____

Venipuncture

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

bedside manner
requisition
mr number
patency
hospice
anchor
dnar

needle sheath
id bracelet
accession
palpate
fasting
preop
asap

needle phobia
patient id
bar code
id card
reflux
stat
npo

belonephobia
wrist band
arm band
id band
postop
emla
dnr