

Name: _____ Date: _____

X-ray Diagnoses

1. NEEOISGCVT HTREA IFEARLU _____
2. NOUNMEAPI _____
3. EMAYEPMSH _____
4. NAECCR _____
5. ENIKYD EOSNTS _____
6. BLARAEJDGLD NOTSES _____
7. RUXMHOEPNTOA _____
8. HIATLA NEAHRI _____
9. TFARERUC _____
10. FERE RIA _____