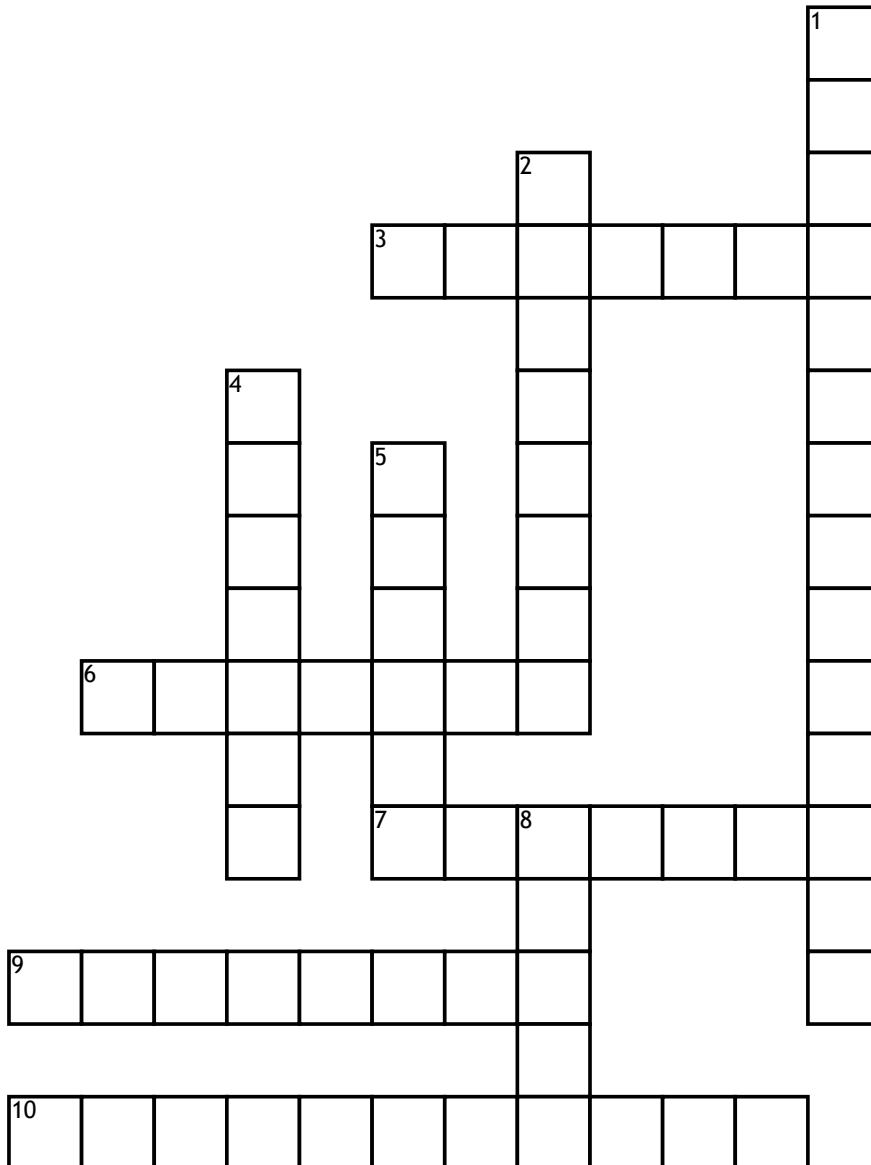


Name: _____

Date: _____

heart disease



Across

- 3. cause
- 6. over
- 7. limit
- 9. life
- 10. narrow

Down

- 1. heart disease
- 2. cad
- 4. meds
- 5. disease
- 8. sign