

Name: _____

Date: _____

settings

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

rehabilitation
hospice
clinics
social

residential
dentist
centres
health

hospital
surgery
daycare
homes