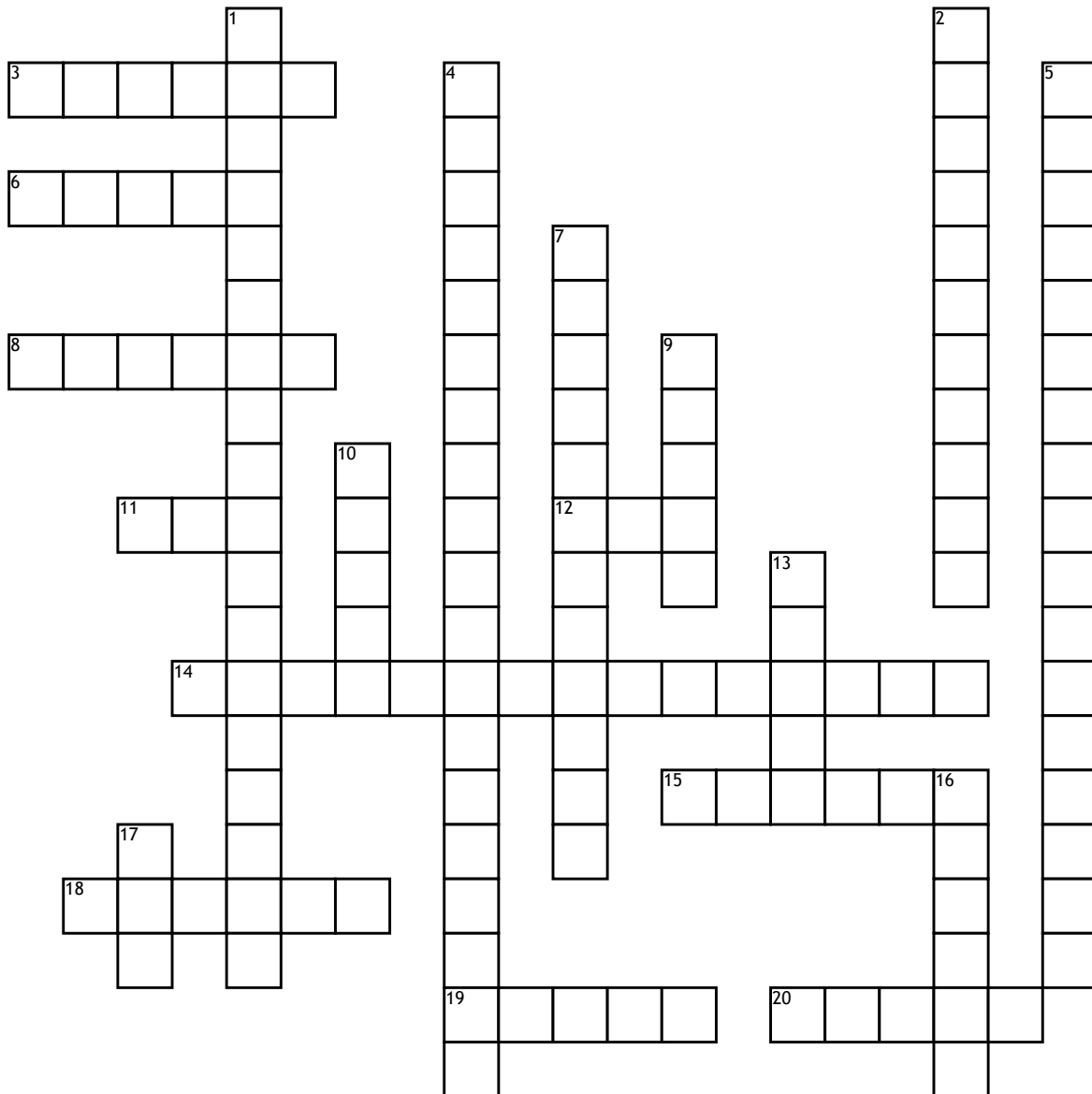


Name: \_\_\_\_\_

Date: \_\_\_\_\_

# ANAMONTICAL ROOTS CONTINUED



## Across

- 3. MY/O-
- 6. GYNEC/-
- 8. HIST/O-
- 11. OPHTHALM/O-;  
OPT/O-
- 12. LIP/O-
- 14. LARYNG/O-

- 15. MAST/O-
  - 18. NEPHR/O-
  - 19. HEPAT/O-
  - 20. HYDR/O-
- ## Down
- 1. ILI/O-
  - 2. HYSTER/O-
  - 4. LAPAR/O-

- 5. MYEL/O-
- 7. IRID/O-
- 9. ODONT/O-
- 10. HEM/A-;  
HEM/O-
- 13. NEUR/O-
- 16. ORCHID/O-
- 17. LABI/O-