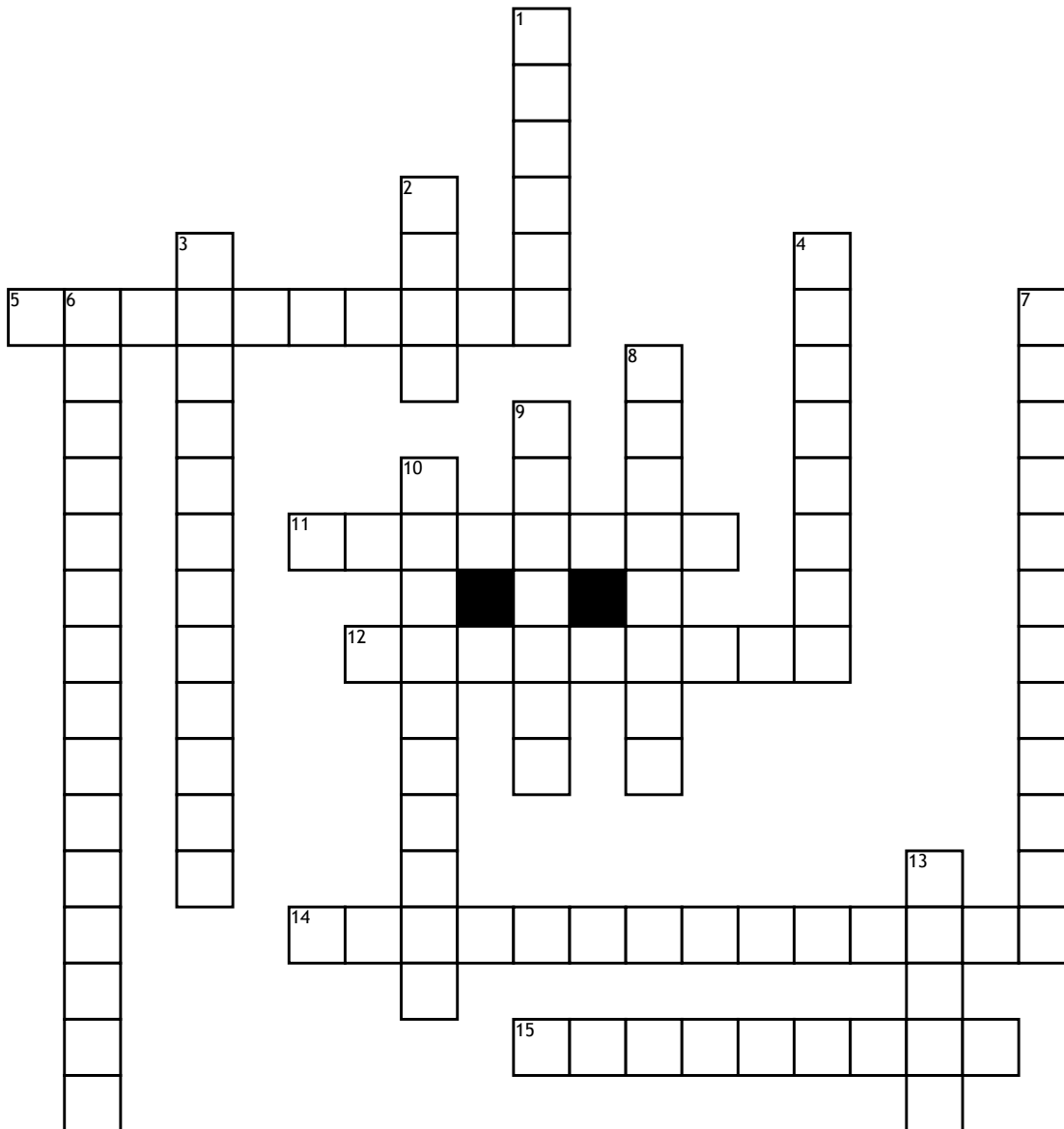


Name: \_\_\_\_\_

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

# Hemochromatosis



## Across

- 5.
- 11.
- 12.
- 14.
- 15.

## Down

- 1.
- 2.
- 3.
- 4.
- 6.
- 7.

## 8.

## 9.

## 10.

## 13.