

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

# Hospital and Examination Procedures

1. DBLOO EPESRUSR \_\_\_\_\_
2. EMMEHYPTONGAORMS \_\_\_\_\_
3. NPSRROIEIAT \_\_\_\_\_
4. ORYRRITSAEP EATR \_\_\_\_\_
5. RICLAAYLP LRELF MTEI \_\_\_\_\_
6. SLUEP \_\_\_\_\_
7. OMCUUS MANREMBE \_\_\_\_\_
8. HRPYNNIEESOT \_\_\_\_\_
9. ONNHISYTOPE \_\_\_\_\_
10. LSIOCSTY EEPRRUSS \_\_\_\_\_
11. LCISITAOD RUESRPES \_\_\_\_\_
12. GEITHW SMTSSENAE \_\_\_\_\_