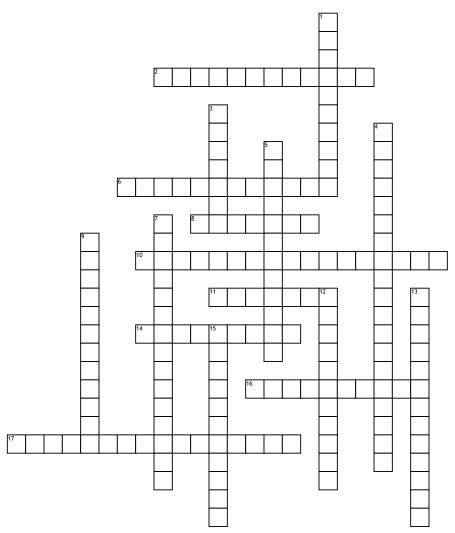
Name: ______ Date: _____ Period: _____

Medical Specialist



Across

- 2. children
- 6. mental
- 8. teeth
- 10. body movement
- 11. operation

- **14.** food and environment
- 16. cancer
- 17. pain prevention

Down

- 1. foot
- **3.** natural delivery

- 4. doctor
- 5. heart
- 7. eyes
- 9. women services
- 12. brain
- **13.** skin
- 15. imaging

Word Bank

psychiatrist anesthesiologist oncologist allergist surgeon gynecologist radiologist midwife dentist

pediatrician general practitioner neurologist Podiatrist ophthalmologist physical therapist cardiologist dermatologist