

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

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

# Sanford Tracy Hospital Week

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

HOSPITAL WEEK  
EXPERIENCE  
TREATMENT  
WELLNESS  
SURGERY  
HEALTH

REGISTRATION  
DEDICATED  
LAB DRAW  
HEALING  
SYMPTOM  
SAFETY

APPOINTMENT  
EDUCATION  
MEDICINE  
QUALITY  
VACCINE  
NURSE

COMMITMENT  
EMERGENCY  
PROVIDER  
SANFORD  
CARING  
XRAY