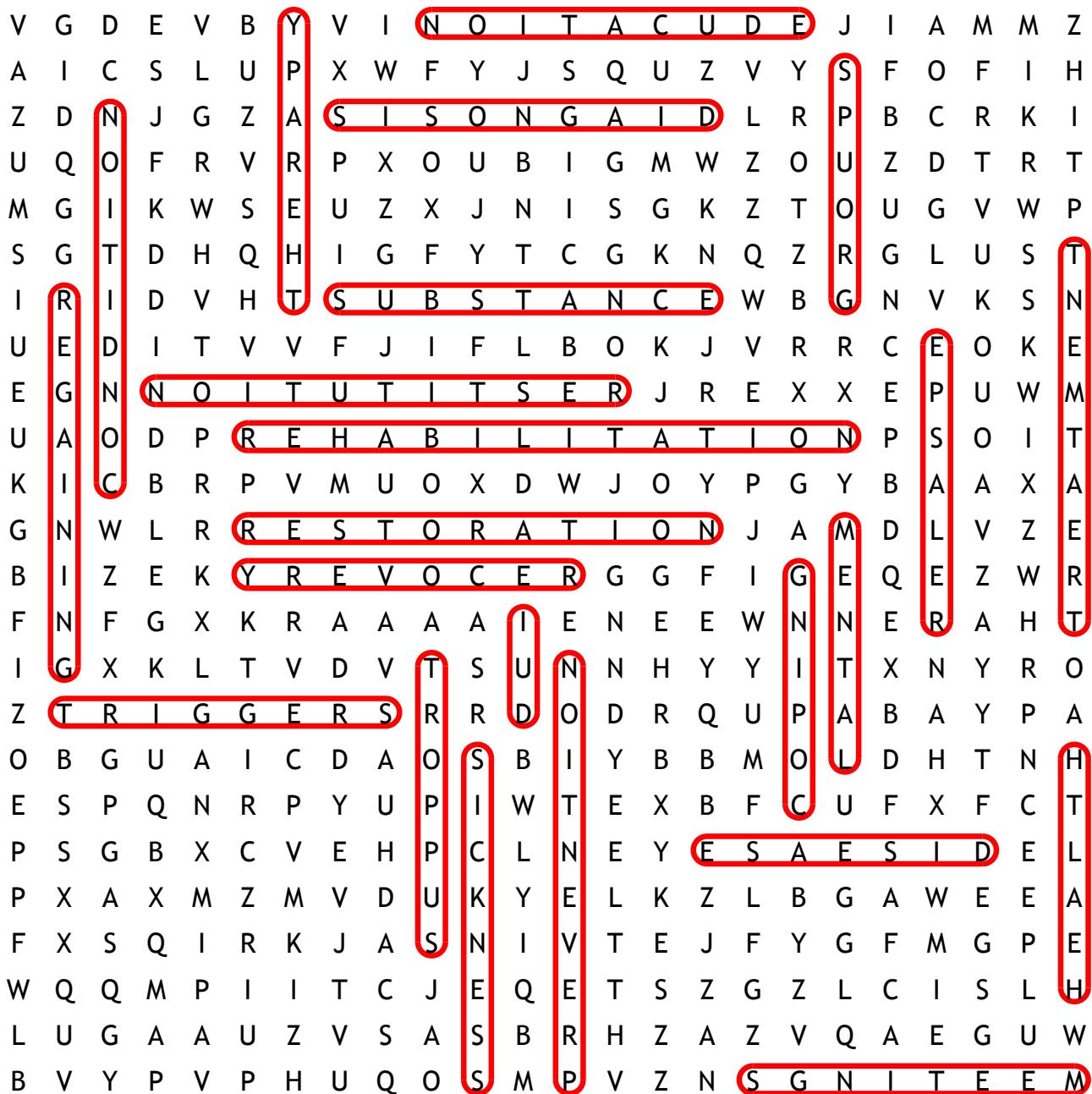


Name: _____

Date: _____

Recovery and Rehab



Rehabilitation
Condition
Substance
Sickness
Support
Health

Restitution
Diagnosis
Treatment
Triggers
Therapy
Mental

Restoration
Education
Meetings
Disease
Coping
DUI

Prevention
Regaining
Recovery
Relapse
Groups