

Name: _____

Date: _____

Medical Abbreviations

Across

1. freely/as needed

3. right ear

4. sublingual

5. left eye

6. milligrams

7. twice a day

8. as needed

15. left ear

16. one half

17. apply topically

18. by mouth

20. tablets

21. 4 times a day

23. drops

26. right eye

27. 3 times a day

28. after meals

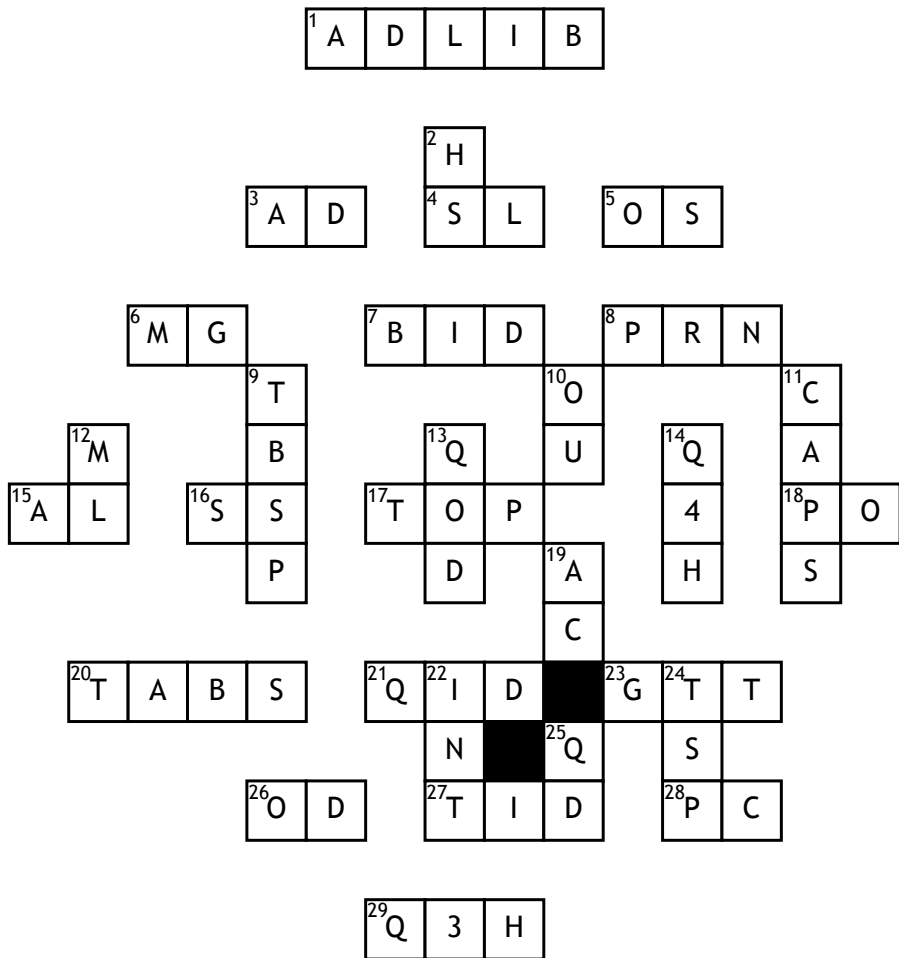
29. every 3 hours

Down

2. at bedtime

9. tablespoon

10. both eyes



11. capsule

12. milliliters

13. every other day

14. every 4 hours

19. before meals

22. between meals

24. teaspoon

25. every day

