Name: _____ Date: _____ Period: _____

# Health Care Systems

Health Department
Physical Therapy
Surgical Clinic
Long Term Care
Medical Office
Optical Center
Dental office
Nursing Care
Independant
Home Health
facility
Hospital
Hospice
Therapy
Clinic

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