

Name: _____

Date: _____

HEALTH INFORMATION PROFESSIONALS WEEK

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

ADMISSION APPOINTMENTS ASSESSMENTS AUDIT CHART DISCHARGE DOCUMENTS
EZ GRAPHS FILE FORMS HEALTHCARE INFORMATION LABS MEETINGS ORDERS
ORGANIZE PAPERWORK PROCEDURES RECORDS REPORTS RESIDENTS SCAN TRANSFERS
WEIGHTS