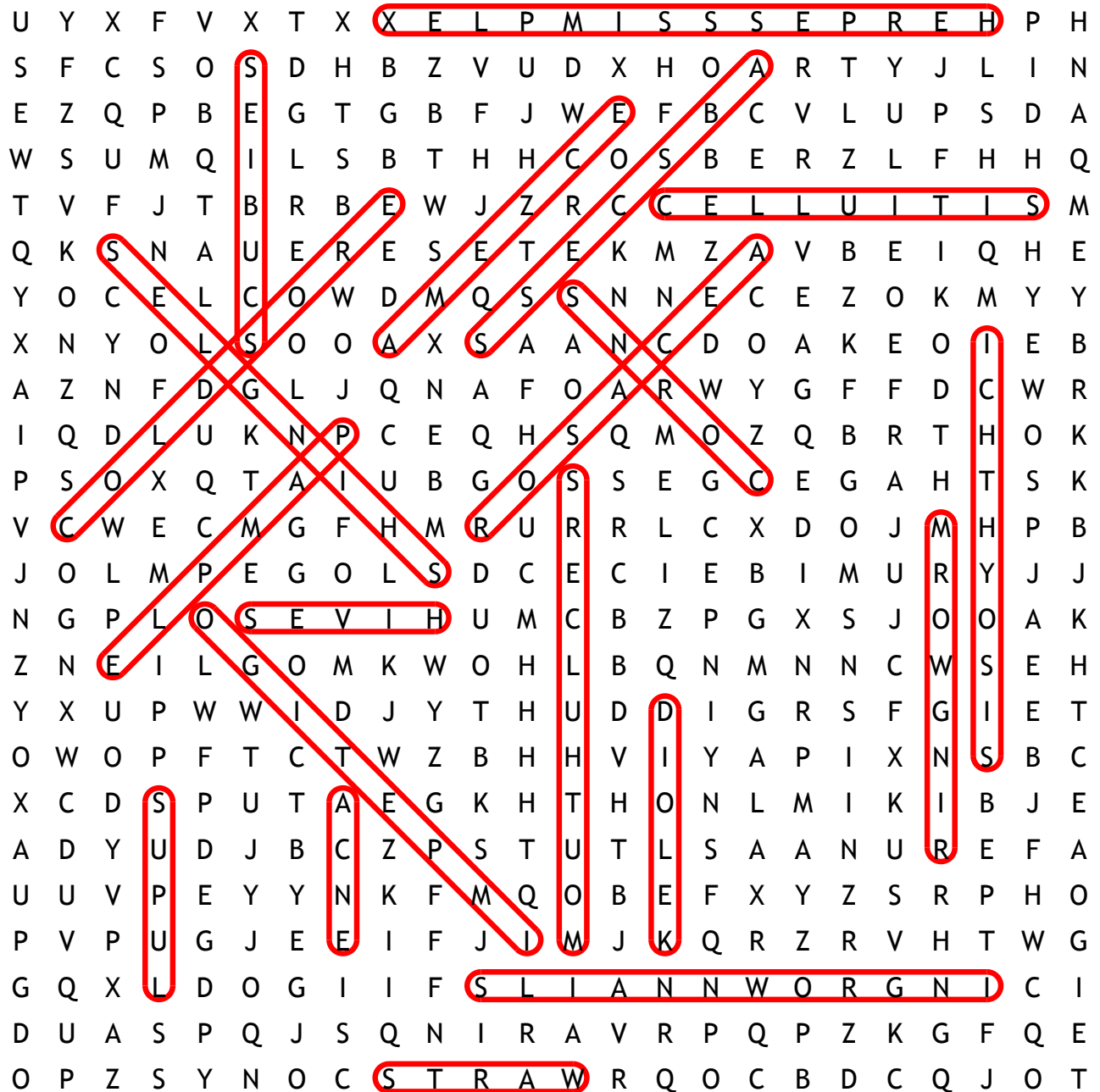


Name: _____

Date: _____

skin



herpess simplex

ingrown nails

mouth ulcers

ichthyosis

celluitis

cold sore

impetigo

ringworm

shingles

abscess

rosacea

scubies

eczema

keloid

pampl

corns

hives

lupus

warts

acne