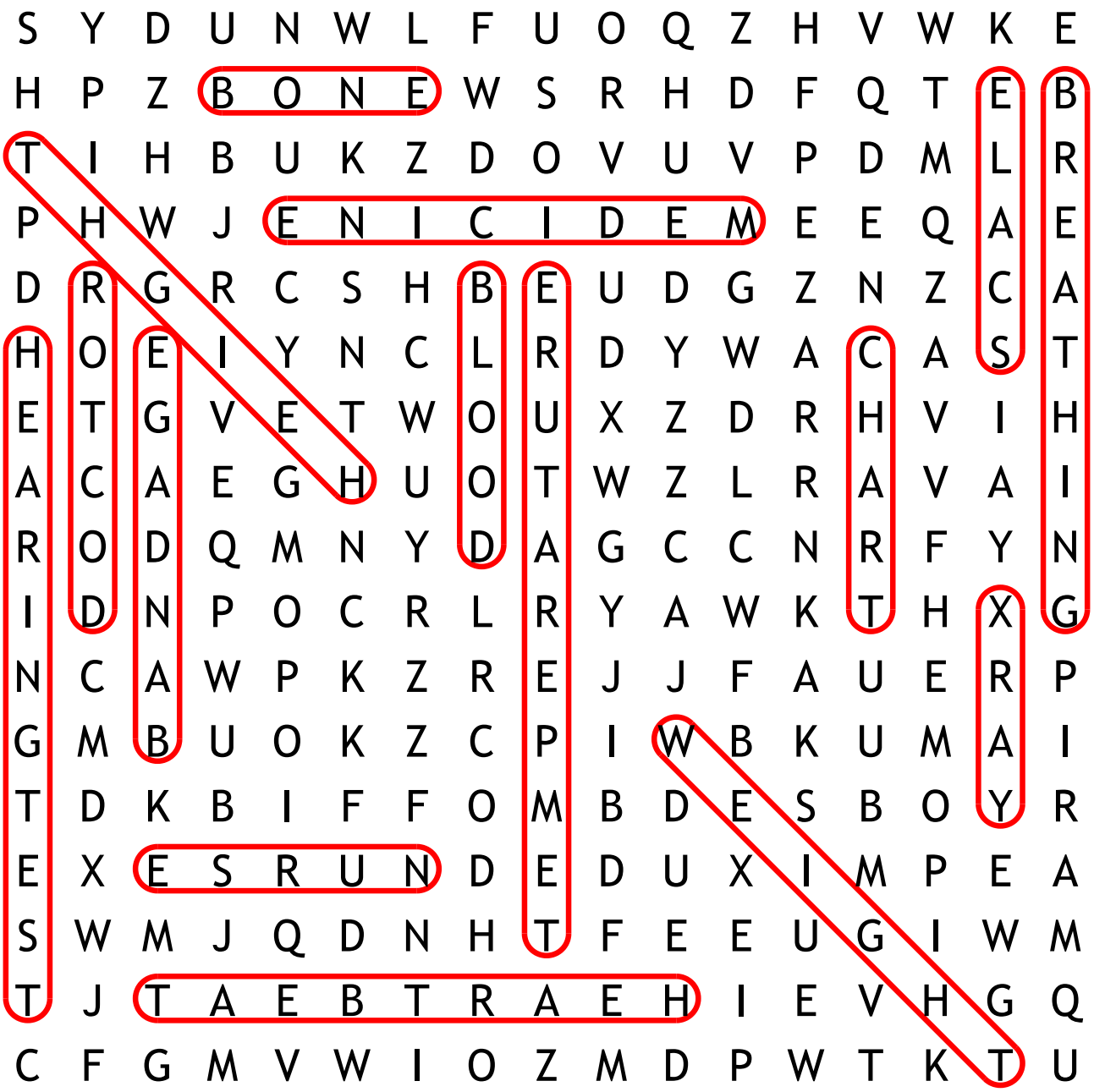
Name: _____ Date: _____

Doctor`s Office Word Search



Hearing Test
Temperature
Breathing
Heartbeat
Medicine
Bandage
Doctor
Height
Weight
Blood
Chart
Nurse
Scale
Bone
XRay