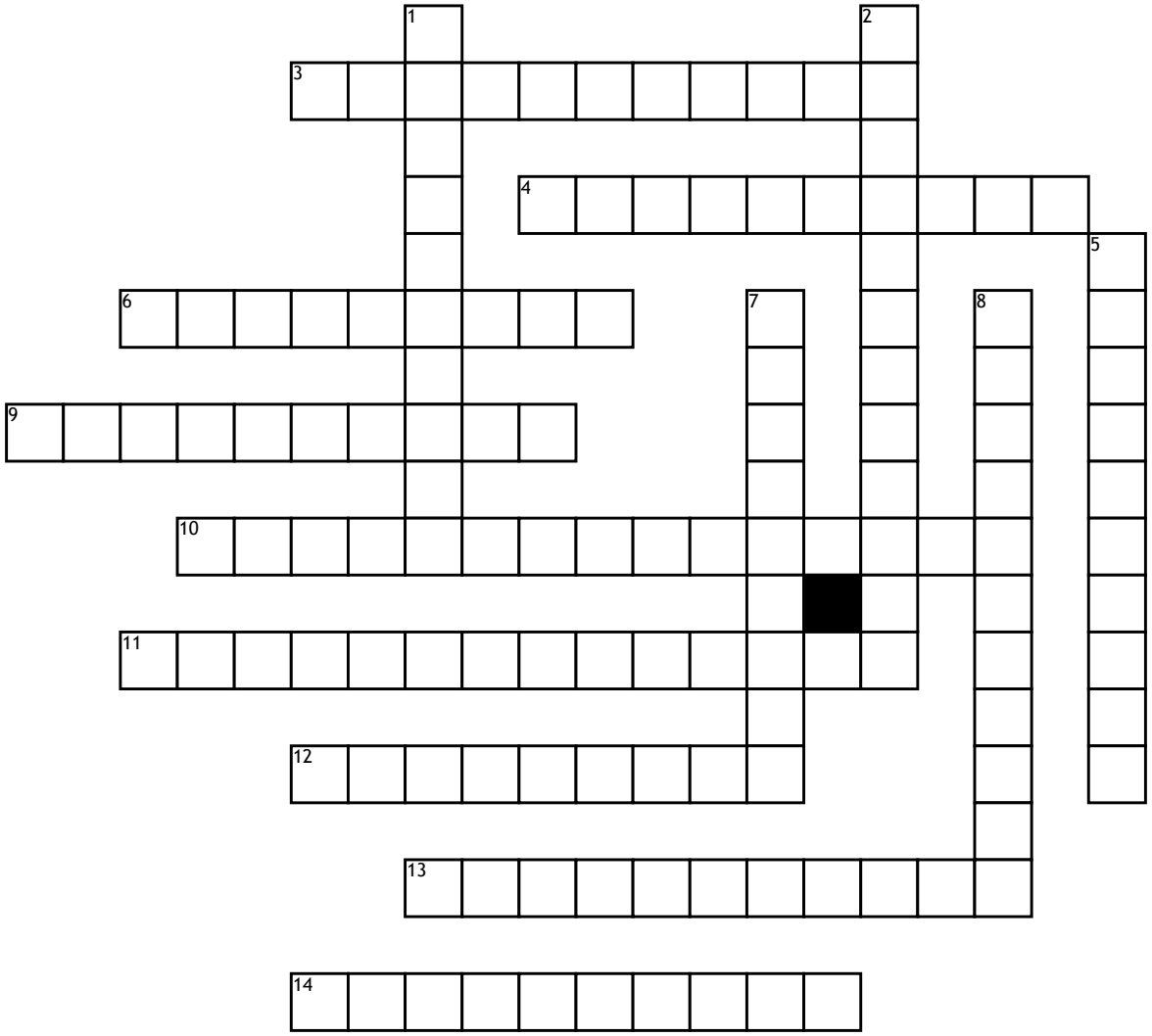
Name: _____ Date: _____

Medications - Brand/Generic



Across

3. HALDOL
4. SEROQUEL
6. ATIVAN
9. ZYPREXA
10. BENADRYL
11. THORAZINE
12. ANTIVERT
13. COGENTIN
14. LATUDA

Down

1. PROZAC
2. PROLIXIN
5. KLONIPIN
7. CLOZARIL
8. RISPERDAL