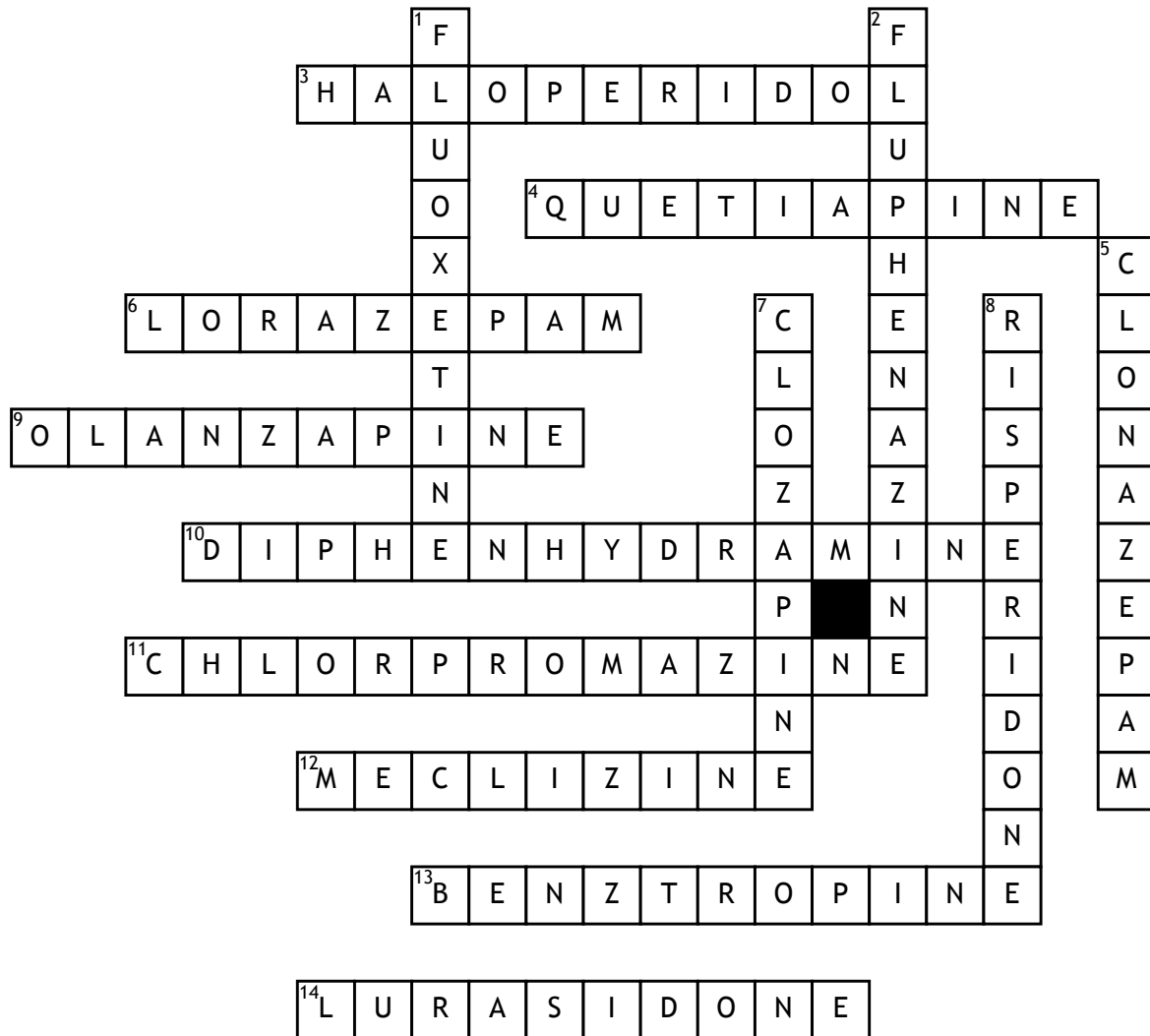


Name: _____ Date: _____

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