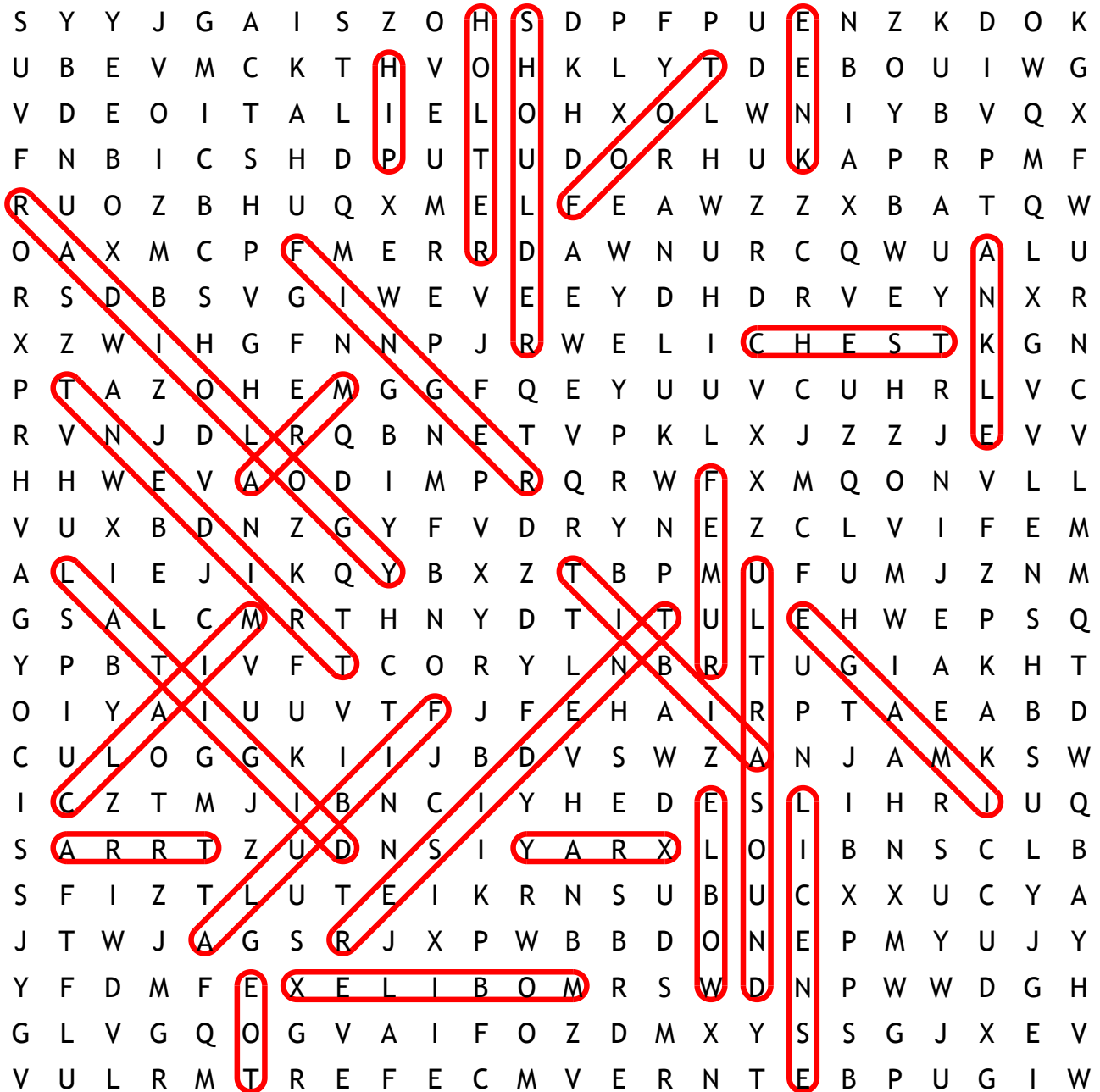


Name: _____

Radiology/ Ultrasound



ULTRASOUND	RADIOLOGY	RESIDENT	SHOULDER	DIGITAL
LICENSE	MOBILEX	TRIDENT	FIBULA	FINGER
HOLTER	ANKLE	CHEST	CLAIM	ELBOW
FEMUR	IMAGE	TIBIA	ARRT	FOOT
KNEE	XRAY	ARM	HIP	TOE