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| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

MEDICAL ABERRATIONS

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|  |  |  | 10 |  |  | 11 |  |  |  |
|  |  |  |  |  | 12 |  |  |  | 13 |
| 14 |  |  |  |  | 15 |  |  |  |  |
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| **Across**  **1.** AS NEEDED  **3.** AT BEDTIME  **4.** DROP  **10.** BY MOUTH  **11.** EVERY DAY  **14.** DRUG DISSOLVED IN SYRUP CONTAIN ALCOHOL  **15.** INTRAMUSCULAR | **Down**  **2.** MILLIGRAM  **5.** GRAINS  **6.** CAPSULES  **7.** INTRAVENOUS  **8.** FOUR TIMES A DAY  **9.** BEFORE MEALS  **12.** TWICE A DAY  **13.** WITH |