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

MEDICAL ABERRATIONS

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|  | 5 |  | 6 |  | 7 |  | 8 |  | 9 |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  | 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  |