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

Specialist

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| **Across**  **6.** I am busy during pollen season  **7.** I deal with all types of cancer  **8.** I deal with urinary tract problems  **9.** Children come to me everyday  **10.** Nervous system problems  **11.** I deal with the care of the female reproductive system | **Down**  **1.** I deal with problems of the eyes  **2.** Kids come to me for braces  **3.** I deal with mental and emotional health  **4.** Skin diseases  **5.** I deal with skeletal deformities or injures |