

Name _____

Date _____

Dentistry

M C O N T R A I N D I C A T I O N Q
L Y B J U H O B U E K C F W G V W G
V M K I H E B G B N J Q J I M N E R
M V H A B O T Q N T I J X W L U A W
H E X E S S H E N I F P X I R Q D N
H S S V A T C N E F Q U X S U T A P
T T T I Z A J I Z R O M I I E N H R
L I N S W T V F L I A I W D V O K H
L B L A V C X S J C H C T G T R T Y
Z U P R C C S S W E F E N U N T K P
V L E B E X F X N U F Y C R I I K O
H E P A W K Q H L U N D P H C V L P
Q X R B R M K C N D C K U C Z A R L
E Y T A L V R D A W E D S C J C U A
L U V H T U C M F A E K O M R M U S
U D E G M R H T T V U H S F G E P I
X S X F T E A I N A I S I A N K A A
K E U T J X R T I U H N D I X T W C

Rheostat

Tartar

Fulcrum

Contraindication

Cavitron

Dentifrice

Hypoplasia

Abrasive

Pumice

Vestibule