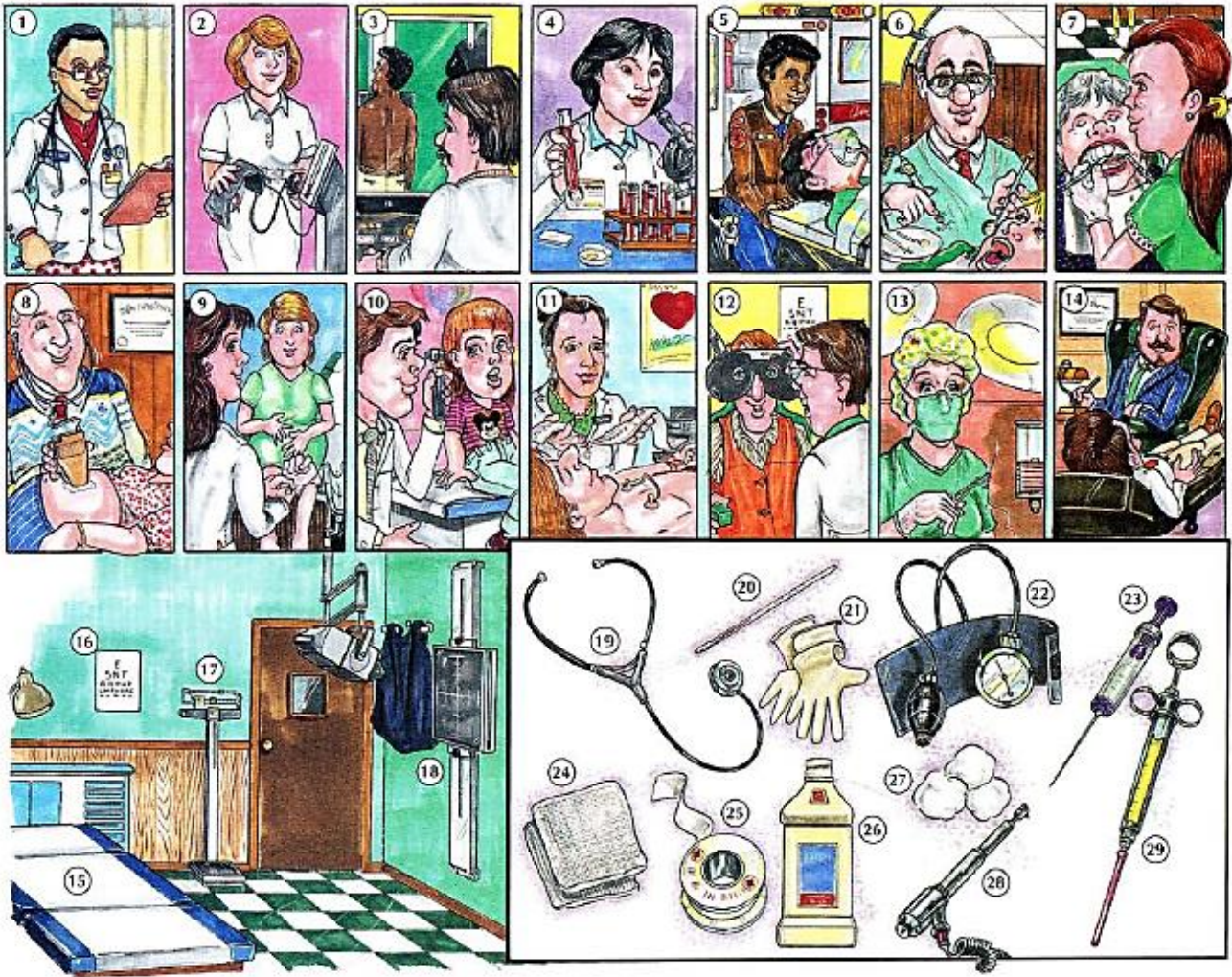


MEDICAL AND DENTAL CARE



- | | | | |
|--|------------------|--------------------------|--------------------------|
| 1. doctor/physician | 8. obstetrician | 15. examination table | 23. needle/syringe |
| 2. nurse | 9. gynecologist | 16. eye chart | 24. bandages/gauze |
| 3. X-ray technician | 10. pediatrician | 17. scale | 25. adhesive tape |
| 4. lab technician | 11. cardiologist | 18. X-ray machine | 26. alcohol |
| 5. EMT/emergency
medical technician | 12. optometrist | 19. stethoscope | 27. cotton balls |
| 6. dentist | 13. surgeon | 20. thermometer | 28. drill |
| 7. (oral) hygienist | 14. psychiatrist | 21. gloves | 29. anesthetic/Novocaine |
| | | 22. blood pressure gauge | |



- [1-14]
A. What do you do?
B. I'm a/an _____.



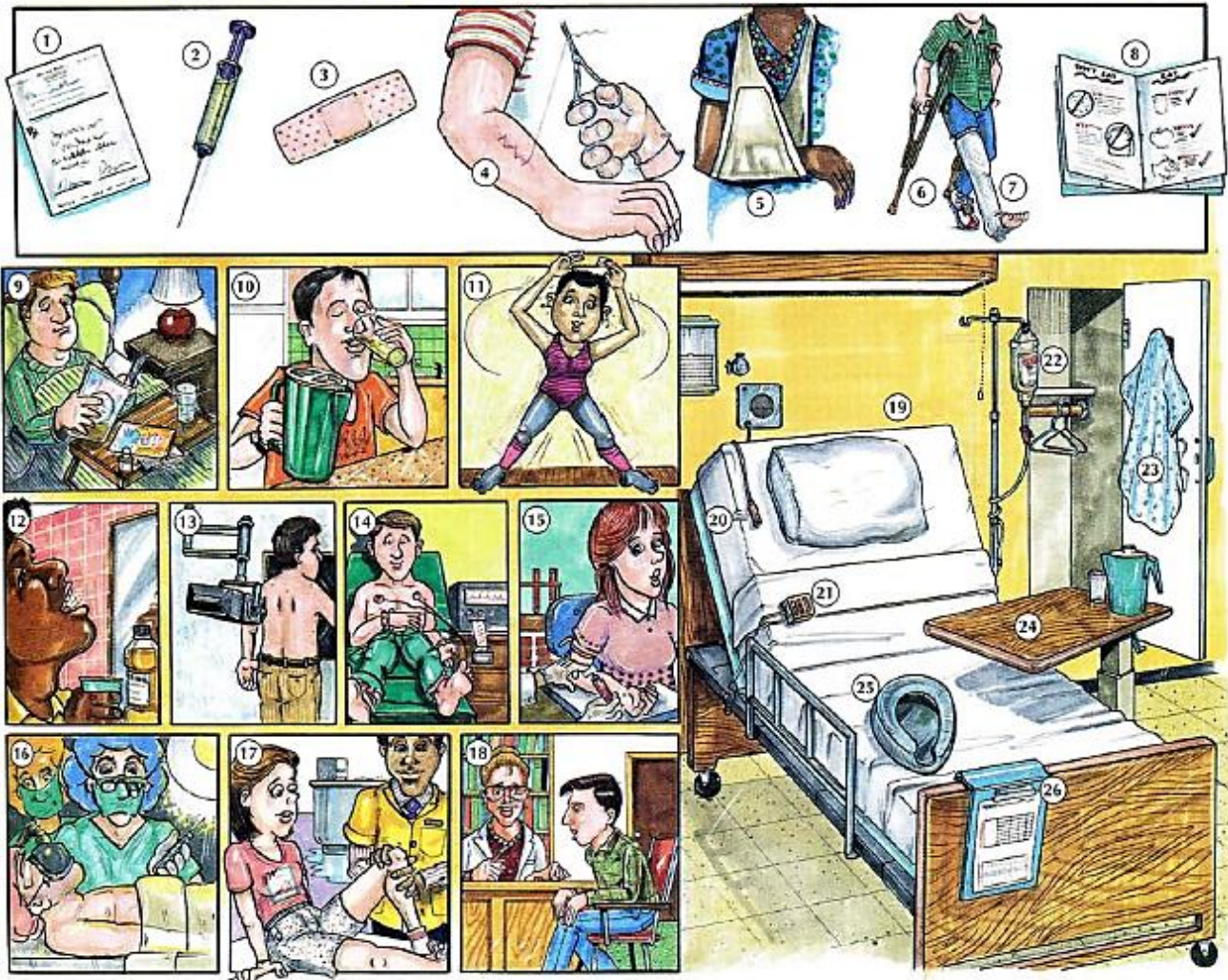
- [15-18]
A. Please step over here to the _____.
B. Okay.



- [19-29]
A. Please hand me the _____.
B. Here you are.

Where do you go for medical care? How often?
Who examines you? What does he/she do?

MEDICAL TREATMENT AND THE HOSPITAL



1. prescription
2. injection/shot
3. bandaid
4. stitches
5. sling
6. crutches
7. cast
8. diet

9. rest in bed
10. drink fluids
11. exercise
12. gargle
13. X-rays
14. tests
15. blood work/blood tests
16. surgery
17. physical therapy
18. counseling

19. hospital bed
20. call button
21. bed control
22. I.V.
23. hospital gown
24. bed table
25. bed pan
26. medical chart



[1-8]

- A. What did the doctor do?
- B. She/He gave me (a/an) _____.



[9-18]

- A. What did the doctor say?
- B. { She/He told me to [9-12].
She/He told me I need [13-18].



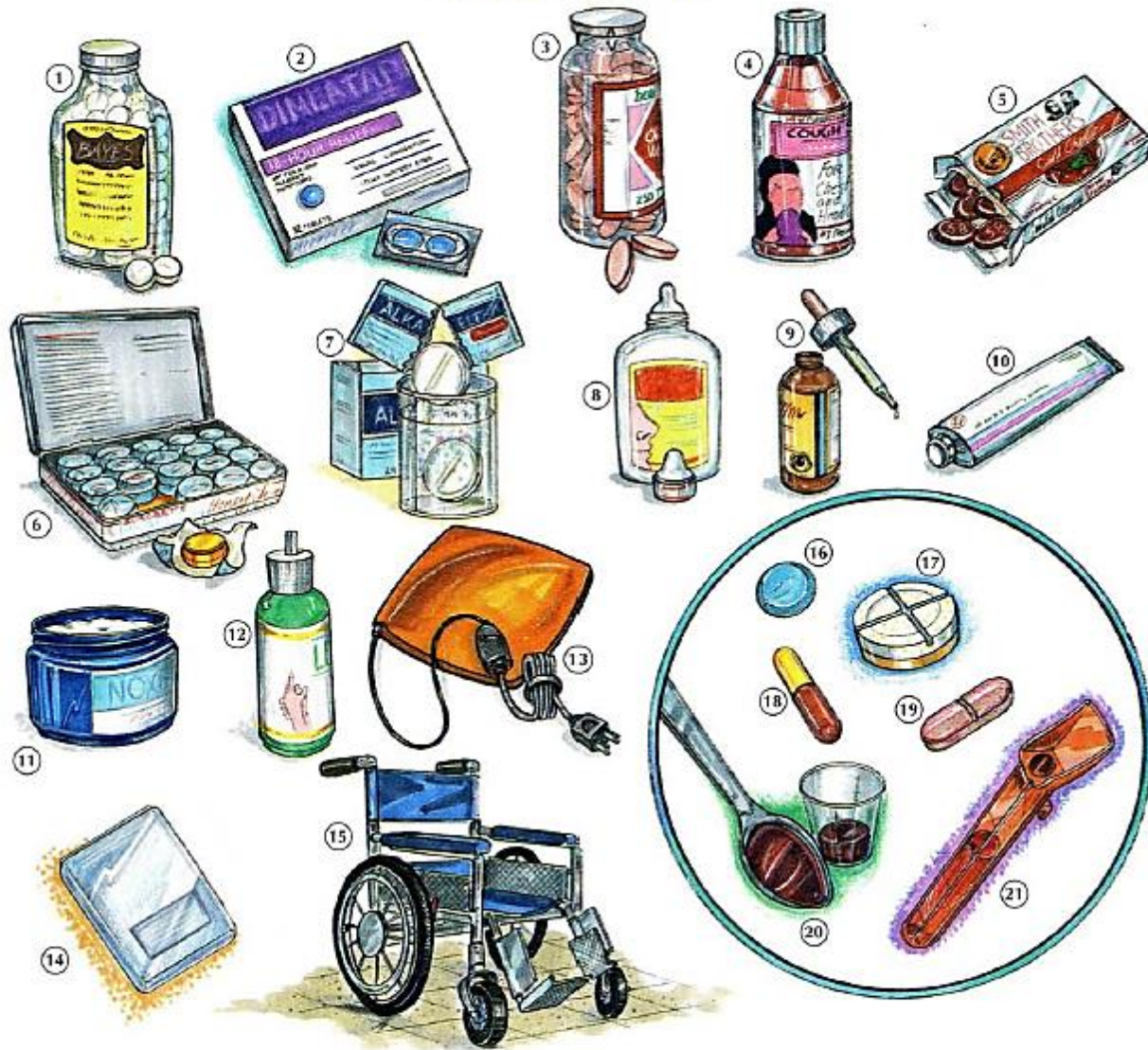
[19-26]

- A. This is your _____.
- B. I see.

When did you have your last medical checkup?
What did the doctor say?

Have you ever been in the hospital?
When? Why? Tell about your experience.

MEDICINE



1. aspirin
2. cold tablets
3. vitamins
4. cough syrup
5. cough drops

6. throat lozenges
7. antacid tablets
8. decongestant spray/
nasal spray
9. eye drops

10. ointment
11. creme
12. lotion
13. heating pad
14. ice pack
15. wheelchair

16. pill
17. tablet
18. capsule
19. caplet
20. teaspoon
21. tablespoon



[1-15]

A. What did the doctor say?

- B. { She/He told me to take [1-4].
She/He told me to use (a/an) [5-15].



[16-21]

A. What's the dosage?

- B. One _____, every three hours.

What medicines do you take or use?
For what ailments?

Describe any medical treatments or medicines in your
country that are different from the ones in these lessons.