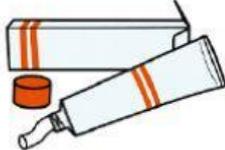
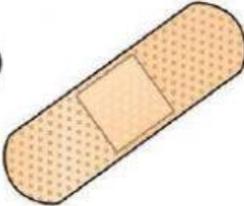


# MEDICAL TREATMENT



- Listen and label.

1  	2  	3  	4  
5  	6  	7  	8  
9  	10  	11  	12  

THERMOMETER

TISSUE PAPER

X-RAY

BED REST

CRUTCHES

A BAND-AID

SYRUP

A CAST

PILLS

DROPS

AN INJECTION

OINTMENT

- Read and write the medical treatment for each one.

 <p>If I have <b>FEVER</b>.</p> <p>I need <input type="text"/></p>	 <p>If I have a <b>HEADACHE</b>.</p> <p>I need <input type="text"/></p>
 <p>If I have a <b>COUGH</b>.</p> <p>I need <input type="text"/></p>	 <p>If I have <b>RUNNY NOSE</b>.</p> <p>I need <input type="text"/></p>
 <p>If I have a <b>BROKEN ARM</b>.</p> <p>I need <input type="text"/></p>	 <p>If I have a <b>STOMACHACHE</b>.</p> <p>I need <input type="text"/></p>
 <p>If I have a <b>TOOTHACHE</b>.</p> <p>I need <input type="text"/></p>	 <p>If I feel <b>DIZZY</b>.</p> <p>I need <input type="text"/></p>
 <p>If I have a <b>SORE THROAT</b>.</p> <p>I need <input type="text"/></p>	 <p>If I have a <b>BROKEN LEG</b>.</p> <p>I need <input type="text"/></p>
 <p>If I have a <b>CUT</b>.</p> <p>I need <input type="text"/></p>	 <p>If I have an <b>EARACHE</b>.</p> <p>I need <input type="text"/></p>