

# DOCTOR VISIT LISTENING



Listen and fill in the blanks. Look at the example

|             |                                 |
|-------------|---------------------------------|
| Address:    | 25 <u>Hillman</u> Road, Frendly |
| Full Name:  | 1. _____ Taylor                 |
| Age:        | 2. _____                        |
| Problem:    | 3. <u>stomachache and a</u>     |
| See Doctor: | 4. _____ afternoon              |
| What time?: | 5. _____                        |

