

Questions 1-10

Complete the notes below.

Write **ONE WORD AND/OR A NUMBER** for each answer.

Revision Note

Example

Problem with: the brochure sample

Company name: 1. Hotel Chains

Letters of 2. should be bigger.

The 3. should be removed

Change the description under the top photo to 4. .

Use the picture with the 5. of the hotel.

The 6. should be in red print.

Translate into 7. .

Deadline: by the end of 8. .

Address: No. 9 Green Drive, 9. , NY21300

Telephone number: 10. .

Questions 1-10

Complete the notes below.

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TOTAL HEALTH CLINIC

PATIENT DETAILS

Personal information

Example: Name Julie AnneGarcia.....

Contact phone: 1 _____

Date of birth: 2 _____, 1992

Occupation: works as a 3 _____

Insurance company **4** _____ Life Insurance

Details of the problem

Type of problem pain in her left **5** _____

When it began **6** _____ ago

Action already taken has taken painkillers and applied ice

Other information

Sports played: belongs to a **7** _____ club

goes **8** _____ regularly

Medical history: injured her **9** _____ last year no allergies

no regular medication apart from **10** _____