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.**

If I have **FEVER**.

I need _____

If I have a **HEADACHE**.

I need _____

If I have a **COUGH**.

I need _____

If I have **RUNNY NOSE**.

I need _____

If I have a **BROKEN ARM**.

I need _____

If I have a **STOMACHACHE**.

I need _____

If I have a **TOOTHACHE**.

I need _____

If I feel **DIZZY**.

I need _____

If I have a **SORE THROAT**.

I need _____

If I have a **BROKEN LEG**.

I need _____

If I have a **CUT**.

I need _____

If I have an **EARACHE**.

I need _____