PASSAGE A

Your doctor has sent you to have a ____________ X-ray.
   a. stomach
   b. diabetes
   c. stitches
   d. germs

You must have an __________ stomach when you come for ______.
   a. asthma            a. is.
   b. empty             b. am.
   c. incest            c. if.
   d. anemia            d. it.

The X-ray will _______ from 1 to 3 _________ to do.
   a. take     a. beds
   b. view     b. brains
   c. talk     c. hours
   d. look     d. diets

THE DAY BEFORE THE X-RAY

For supper have only a ________ snack of fruit, ________ and jelly,
   a. little            a. toes
   b. broth             b. throat
   c. attack            c. toast
   d. nausea            d. thigh

with coffee or tea.

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After __________, you must not ________ or drink
   a. minute,   a. easy
   b. midnight, b. ate
   c. during,  c. drank
   d. before,  d. eat

anything at ________ until after you have ________ the X-ray.
   a. ill  a. are
   b. all  b. has
   c. each c. had
   d. any  d. was

THE DAY OF THE X-RAY.

Do not eat __________.
   a. appointment.
   b. walk-in.
   c. breakfast.
   d. clinic.

Do not ________, even __________.
   a. drive,  a. heart.
   b. drink,  b. breath.
   c. dress,  c. water.
   d. dose,  d. cancer.

If you have any __________, call the X-ray __________ at 616-4500.
   a. answers, a. Department
   b. exercises, b. Sprain
   c. tracts,  c. Pharmacy
   d. questions, d. Toothache
PASSAGE B

I agree to give correct information to ________ if I can receive Medicaid.
   a. hair
   b. salt
   c. see
   d. ache

I ________ to provide the county information to __________ any
   a. agree
   b. probe
   c. send
   d. gain

statements given in this ______________ and hereby give permission to
   a. emphysema
   b. application
   c. gallbladder
   d. relationship

the ______________ to get such proof. I __________ that for
   a. inflammation
   b. religion
   c. iron
   d. county

Medicaid I must report any __________ in my circumstances
   a. changes
   b. hormones
   c. antacids
   d. charges

within ________ (10) days of becoming ________ of the change.
   a. three
   b. one
   c. five
   d. ten
I understand ________ if I DO NOT like the __________ made on my
a. thus a. marital
b. this b. occupation
c. that c. adult
d. than d. decision

case, I have the __________ to a fair hearing. I can __________ a
a. bright a. request
b. left b. refuse
c. wrong c. fail
d. right d. mend

hearing by writing or __________ the county where I applied.
  a. counting
  b. reading
  c. calling
d. smelling

If you ________ TANF for any family __________, you will have to
a. wash a. member,
b. want b. history,
c. cover c. weight,
d. tape d. seatbelt,

________ a different application form. __________, we will use
a. relax a. Since,
b. break b. Whether,
c. inhale c. However,
d. sign d. Because,

the __________ on this form to determine your ____________ .
  a. lung a. hypoglycemia.
  b. date b. eligibility.
c. meal c. osteoporosis.
d. pelvic d. schizophrenia.

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PASSAGE C

It has been explained to ________ that during the course of the
a. my
b. me
c. he
d. she

___________ or procedure, unforeseen conditions may be ___________

a. syphilis
b. hepatitis
c. colitis
d. operation

that necessitate an extension of the _____________ procedure(s) or
a. appendix
b. another
b. original
d. addict

different procedure(s) than those ________ forth in paragraph 2.

a. get
b. set
c. see
d. go

I, therefore, _____________ and request that the above named

a. exercise
b. authorize
c. energize
d. pressurize

___________, his assistants or attending physicians ____________ such
a. infection,

b. pregnant,
c. insurance,
d. physician,
a. perform
b. smear
c. onset
d. stress

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procedures as are necessary and _______________ in the exercise of professional judgment.
   a. undesirable
   b. emergency
   c. desirable
   d. diagnosis

The authority ____________ under this Paragraph 3 shall ____________
   a. granted
   b. treated
   c. tested
   d. X-rayed

   The authority ____________ under this Paragraph 3 shall ____________
   a. granted
   b. treated
   c. tested
   d. X-rayed

   to treating all conditions that _______________ treatment and are not known
   a. reason
   b. refer
   c. require
   d. relate

   ________ the time the operation or _______________ is commenced.
   a. us
   b. be
   c. or
   d. at
   a. cholesterol
   b. menopause
   c. gonorrhea
   d. procedure

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