

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.

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 | a. hide |
| b. probe | b. risk |
| c. send | c. discharge |
| d. gain | d. prove |

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 | a. investigate |
| b. religion | b. entertain |
| c. iron | c. understand |
| d. county | d. establish |

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 | a. award |
| b. one | b. aware |
| c. five | c. away |
| d. ten | d. await |

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. |

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 | a. revealed |
| b. hepatitis | b. depressed |
| c. colitis | c. directed |
| d. operation | d. notified |

that necessitate an extension of the _____ procedure(s) or

- a. appendix
- b. another
- c. 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, | a. perform |
| b. pregnant, | b. smear |
| c. insurance, | c. onset |
| d. physician, | d. stress |

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 | a. pretend |
| b. treated | b. extend |
| c. tested | c. recede |
| d. X-rayed | d. proceed |

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 | a. cholesterol |
| b. be | b. menopause |
| c. or | c. gonorrhoea |
| d. at | d. procedure |