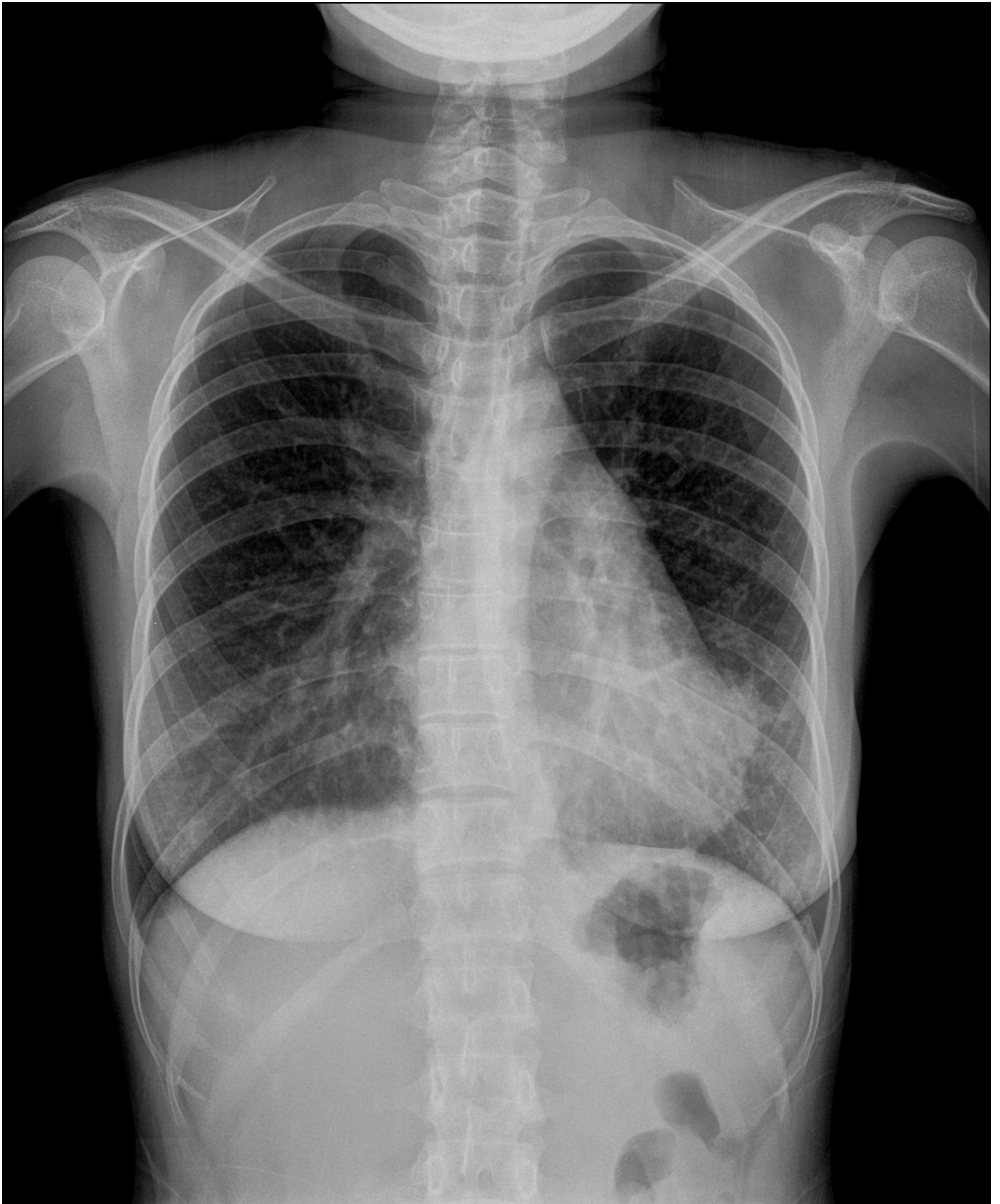
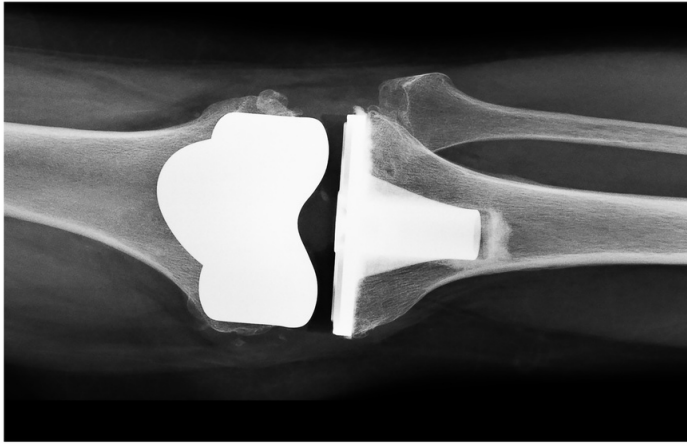


Cut out xray poster, use as poster/prop in  
childs hospital pretend play

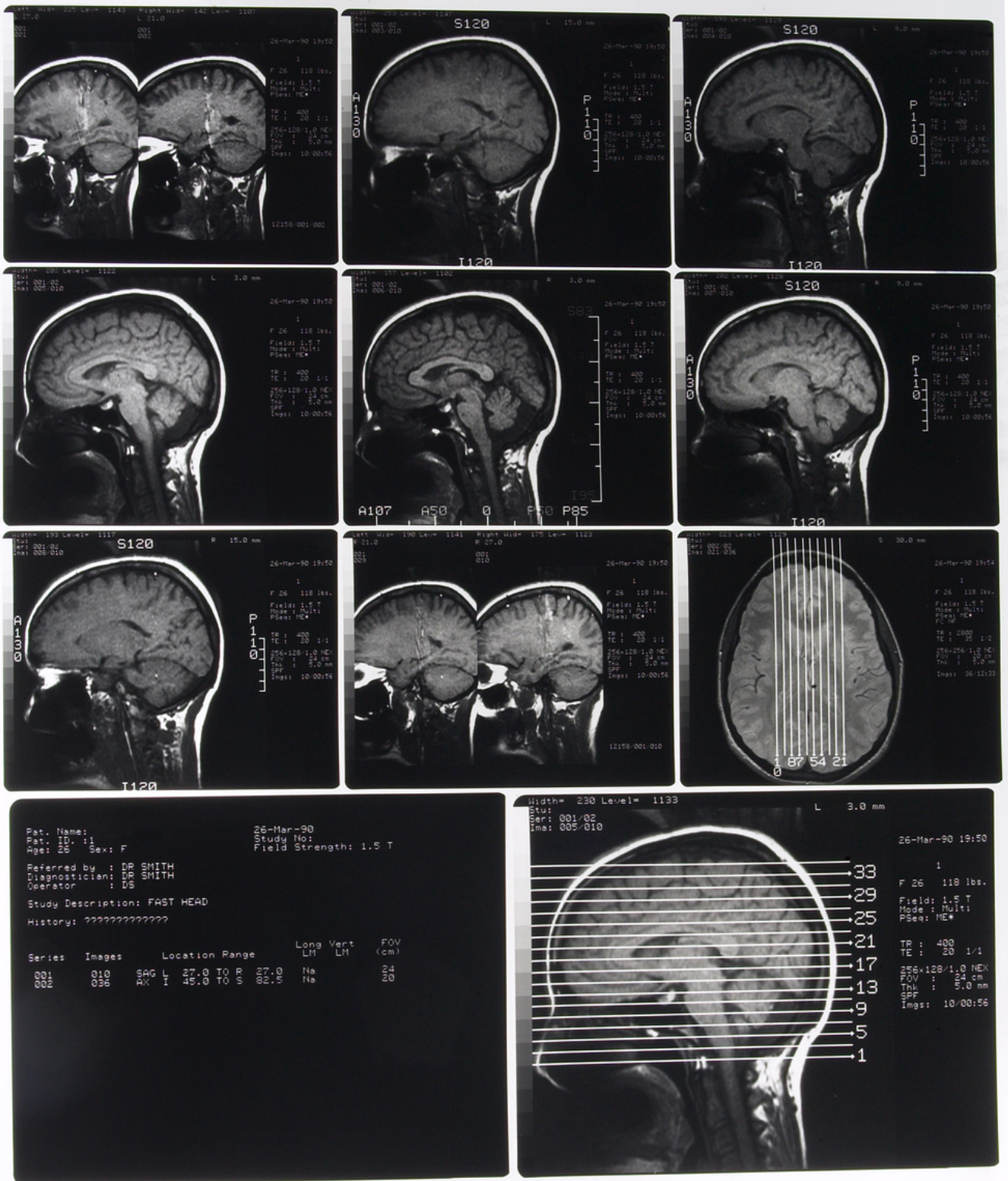




Cut out xray poster, use as poster/prop in child's hospital pretend play TIP: the cards below can either be cut out as 1 big poster or into 8 mini flashcard posters







Cut out xray poster, use as poster/prop in childs hospital pretend play

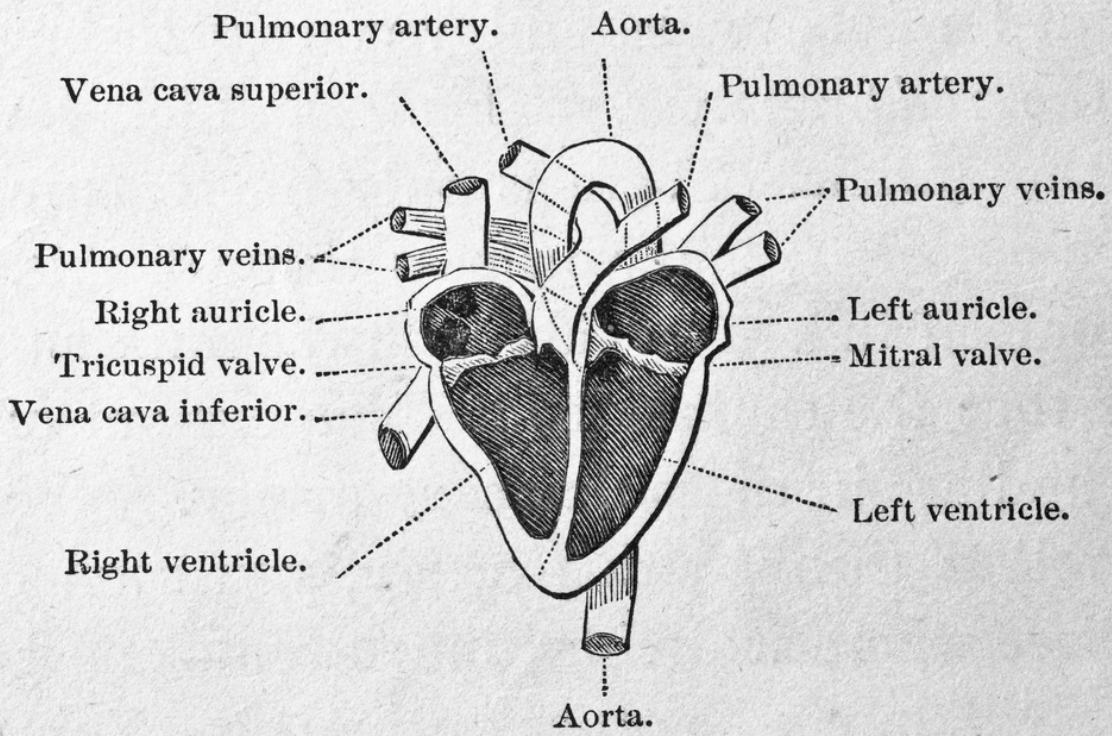




Cut out xray poster, use as poster/prop in childs hospital pretend play

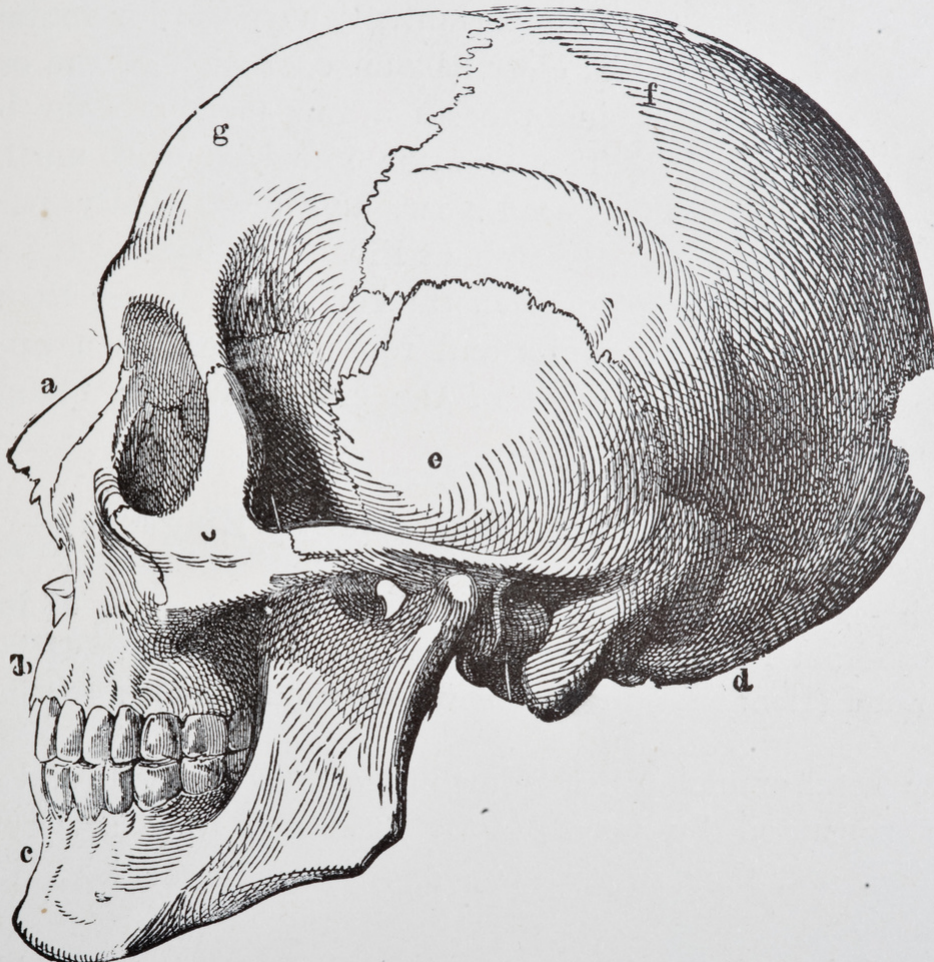






**Fig. 9.**

**The Chambers of the Heart.**



**FIG. 43. — THE SKULL.** *a*, nasal bone; *b*, superior maxillary; *c*, inferior maxillary; *d*, occipital; *e*, temporal; *f*, parietal; *g*, frontal bone.



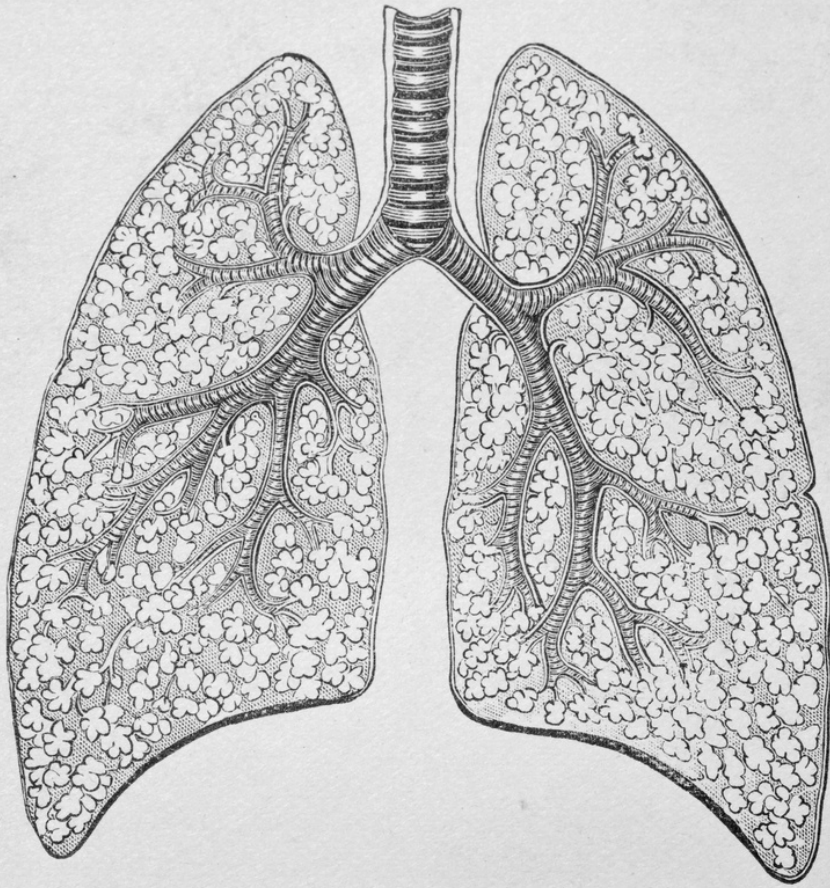


FIG. 27.—SECTION OF THE LUNGS.





Cut out xray poster, use as poster/prop in childs hospital pretend play

The medical information page below, is ideal to get children to write their own questions for their role play



# Medical Information



Patients name \_\_\_\_\_

Age \_\_\_\_\_

Parent's name: \_\_\_\_\_

Date: \_\_\_\_\_

◆

◆

◆

◆	◆

◆	





# New patient Form



## PERSONAL INFORMATION

Full Name :   
(PLEASE USE CAPITAL)

Place Of Birth : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender :  Male  Female

Address : \_\_\_\_\_

Phone Number : \_\_\_\_\_ E-Mail : \_\_\_\_\_

age :  0-7  7-14  14-30  >30

Where is your pain located? : \_\_\_\_\_ Does it hurt? :  Yes  No

*This space is where you can share notes, and tell us what is wrong with you today.*

Note : \_\_\_\_\_

## EMERGENCY CONTACT DETAILS

Contact Name : \_\_\_\_\_ Home Number : \_\_\_\_\_

Relationship : \_\_\_\_\_ Mobile Number : \_\_\_\_\_

## OFFICE USE ONLY

Date : \_\_\_\_\_ Payment received ? : \_\_\_\_\_

staff Id Number : \_\_\_\_\_ Payment Type : \_\_\_\_\_

Staff Name : \_\_\_\_\_ Staff Signature : \_\_\_\_\_

\_\_\_\_\_  
Manager Signature