



Form for Prescribing the Assisi Loop®

Fax to: 415-481-0995 or email to: orders@assisianimalhealth.com

Practice Name: _____ **Phone:** _____

Address: _____ **Fax:** _____

_____ **Email:** _____

Client Name: _____ **Date:** _____

Address: _____ **Phone:** _____

_____ **Email:** _____

Patient Name: _____ **Species:** _____ **Age:** _____

Condition being treated: _____



Assisi tPEMF 1-4 times per day or as needed.

Refill**: 0 1 2 3 4 PRN

Name of prescribing practitioner

Signature

License #

**If prescribing for a degenerative/chronic condition, please consider offering several refills or PRN so that the pet owner may be able to continue treatment continuously.

If you would like more specific recommendations regarding protocols for the condition you're treating, please feel free to call customer service at 415-814-2460 ext 101.