



**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:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Circle One: ACUTE/CHRONIC**

*\*Condition details are required as to help Assisi Animal Health provide your client with the most appropriate protocol from our selection of 40 protocols for almost 300 inflammatory conditions. Please be as specific as possible in both condition and location (E.g. Lumbar opposed to Spine)*



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

Refill\*\*: 0 1 2 3 4 PRN

\_\_\_\_\_  
Name of prescribing practitioner (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
License #

\*To access our Clinical Use Guide and view all 40 protocols, please visit  
<https://www.assisianimalhealth.com/clinical-use-guide/>

\*\*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.