



Form for Prescribing the Assisi Loop®
Fax to: 415-481-0995 or email to: orders@assisianimalhealth.com

Practice Name:
Address: Phone:
City: State: Fax:
Zip/Postal Code: Country: Email:

Client Name:
Address: Date:
City: State: Phone:
Zip/Postal Code: Country: Email:

Patient Name: Species: Age:
Condition being treated:
Location: Select 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)

Rx 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.