

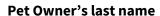
# Artuvetrin® Therapy order form **Practice Account number** Exact Account ref 03 **Order reference** 51303 **Veterinary Surgeon's name** Surgeon Name - ordered by 02 Veterinary Surgeon's e-mail practice2@test.com **Practice phone number** 987654321 **Practice Name** practice2 Address\_1 Address 2 Address\_3 Address\_4 Town **Postal Code** Country **Order Sent to Account Ref** Exact Account ref 03

#### Invoice to be sent to

Order is to be sent to

The clinic address above

## Pet and pet owner details



Pet Owner First Name 02 Pet Owner Last Name 02

#### **Animal Name**

Pet Name 02

#### **Species**

Cat

## Is this order for an initial or maintenance treatment?

Initial treatment = the first immunotherapy treatment for the patient

# **Choose allergens**

#### Grasses

• Bermuda grass (Cynodon dactylon)

#### **Weeds & Flowers**

• Daisy (Leucanthemum vulgare)

## **Crops**

Corn (Zea mays)

## **Trees & Hedges**

• Alder (Alnus glutinosa)

#### **Mites**

• European house dust mite (D. pteronyssinus)

# **Total Allergens**

5

# **Practice Comments**