

**Artuvetrin® Therapy order form****Lab Account number**

ExactAccountRef02

**Order reference****Ordered By Name**

Practice User 01

**Lab Email**

practice1@test.com

**Lab phone number**

987654321

**Lab Name**

Lab 01

**Address\_1**

Address 1

**Address\_2**

Address 2

**Address\_3**

Address 3

**Address\_4**

Address 4

**Town**

Town - City

**Postal Code**

123456

**Country****Order Sent to Account Ref**

ExactAccountRef01

**Order is to be sent to**

practice1 Address 1 Address 2 Address 3 Address 4 Town - City 12345

**Invoice to Lab**

The clinic address above

**Pet and pet owner details****Pet Owner's last name**

Pet Owner First Name 02 Pet Owner Last Name 02

**Animal Name**

Pet Owner First Name 02

**Species**

Cat

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

Initial treatment = the first immunotherapy treatment for the patient

**Choose allergens****Allergen Groups English**

- English Allergen Name (Default)

**Total Allergens**

1

**Practice Comments**