



Red Dog Rehabilitation Ltd
442 Glenbrook Beach Road,
Auckland 2681, New Zealand.
(027) 487 7600

Form for Prescribing Assisi Loop

Practice Name:

Address:

Phone No:

Email:

Client Name:

Address:

Phone No:

Patient Name:

Species:

Breed:

Age:

Condition being treated:

Location of treatment:

Select one: Acute / Chronic

**Condition details are required to help us 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). We can send out the Assisi Animal health treatment guide upon request.*

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

Repeats (Please select one): 0 / 1 / 2 / 3 / 4 / PRN

Name of Prescribing Veterinarian:

Date:

(Please Print)

Signature of Veterinarian:

Veterinary Registration Number: