



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



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

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

\_\_\_\_\_  
Name of prescribing practitioner

\_\_\_\_\_  
Signature

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

\*\*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.

If you would like more specific recommendations regarding protocols for the condition you're treating, please feel free to call customer service at 415-814-2460 ext 101.