

## Orders from Switzerland

### Ordering a therapy solution

General information:

**Written orders with this form: accepted as script.**

Fill in owner, place of residence and patient name.

Legible stamp of the requesting veterinarian

Mark the requested allergens

Date and original signature of the veterinarian

### Ordering a start solution(s) imovet CAC/FAC

Rp:

Allergen	Allergen	Allergen
<input type="checkbox"/> D. farinae	<input type="checkbox"/> Birch/Alder/Hasel	<input type="checkbox"/> Plantain
<input type="checkbox"/> D. pteronyssinus	<input type="checkbox"/> Plane/Willow/Poplar	<input type="checkbox"/> Mugwort
<input type="checkbox"/> Malassezia	<input type="checkbox"/> Parietaria	<input type="checkbox"/> Sorrel
<input type="checkbox"/> Lepidoglyphus	<input type="checkbox"/> Rye	<input type="checkbox"/> Acarus siro
<input type="checkbox"/> Aspergil./Penicill.	<input type="checkbox"/> Grasses	<input type="checkbox"/> Tyrophagus
<input type="checkbox"/> Alternaria/Cladospor.	<input type="checkbox"/> Stinging nettle	.....
<input type="checkbox"/> Ragweed/Ambrosia	<input type="checkbox"/> Lambs quarter	<input type="checkbox"/>

Owner:

name: \_\_\_\_\_

place of residence: \_\_\_\_\_

patient name: \_\_\_\_\_

species:  dog / horse  cat

Vet stamp

Date: \_\_\_\_\_

Signature of Veterinarian: \_\_\_\_\_

The manufacture of the solution/s requires 3 weeks.

Please send this script form to:

**Labor Laupeneck, Laupenstrasse 33, 3008 Bern**

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