

Orders from EU countries

Ordering a therapy solution (maintenance)

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 allergen-strength

Date and original signature of the veterinarian

Ordering the maintenance solution/s imovet CAC/FAC

(when ever possible use the order form from the starter set)

Rp:

Allergen-strength

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Strength Nr. 3 (normally Nr. 3)

Strength Nr. 2

Strength Nr. 1

Manufacturing no of the last therapy solution: _____

Owner:

name: _____

place of residence: _____

patient name: _____

species: dog / horse cat

Vet stamp

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Date: _____

Signature of Veterinarian: _____

The manufacture of the solution/s requires 3 weeks.

Please send this script form to:

**Jahn-Apotheke (Pharmavertrieb Vivell),
Schwarzwaldstrasse 146, D-79102 Freiburg
Tel: 0049-(0)761-703920 Fax: 0049-(0)761-77360**