

Orders from EU countries

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"/>
<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:

**Jahn-Apotheke (Pharmavertrieb Vivell),
Schwarzwaldstrasse 146, D-79102 Freiburg
Tel: 0049-(0)761-703921 Fax: 0049-(0)761-77360**