

Laser Request Form

Date:

Referring Vet:

Contact Email:

Preferred Phone:

Horse Name:

Owners Name:

Age:

Breed:

Sex

Area to be treated:

Injury or reason for treatment:

Treatment protocol:

Frequency of treatments:

Number of total treatments before veterinary re-evaluation:

ATTIVA FARM

Contact Information:

Cindy Harrington

561-254-9043

AttivaLaser@Gmail.com

www.AttivaFarm.com

Diagnostic Imaging Results:

Attached Documents (if necessary): Yes No

Please attach any image or diagnostic files that you feel would be helpful including but not limited to ultrasound and MRI images of the affected area.

Additional Patient Information:

Is there any further information regarding your patient that should be considered?

Thank You for taking the time to fill out this laser therapy request form. Please remember that Attiva Laser LLC must have a veterinarians prescription to administer therapy.

If you have any further questions or concerns please contact Cindy Harrington 561-254-9043 or attivalaser@gmail.com.