



**Paws in Motion (HK)**

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**Form for Prescribing the Assisi Loop™**

email to: [info@pawsinmotion.hk](mailto:info@pawsinmotion.hk) (for Hong Kong orders)

**Practice Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

\_\_\_\_\_

**Client Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\_\_\_\_\_

**Patient Name:** \_\_\_\_\_ **Species:** \_\_\_\_\_ **Age:** \_\_\_\_\_



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

*Condition/ Diagnosis:*

*Areas:*

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

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

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

**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 +852 93577541 or email as above.