

**PRESCRIPTION REQUEST FORM
(Australian Veterinary Stem Cells Pty Ltd)**

Prescriber Details

Date:

Veterinary Clinic	
Address:-	
Vet Name:	
Phone:	Fax:
email:	

Animal Name:

Species/Breed:

Weight:

Owner Name:

Owner Address:

Rx : Canine [] - Mesenchymal Stem cells - For Animal Use Only

Doses/ Volume Required

Intra-Articular [] Doses (number):- _____

CSC 5 - 0.5 ml []

CSC 10 1.0 ml []

Intra-Venous [] : Dosage (all doses supplied in 10 mls)

CSC 20 – 10ml []

CSC 40 – 10ml []

CSC 60 – 10ml []

CSC 80 – 10ml []

CSC 100 – 10ml []

CSC 120 – 10ml []

Rx: Autologous – Stromal Vascular Fraction [] Doses (number):- _____

CSVF- 5 - 0.5 ml []

CSVF- 10 1.0 ml [] []

Directions:

Signature

Billing Address if different to above:

Shipping address if different to above:

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Email:- phansen@australianstemcells.com.au

Fax: (03) 8672-5928

To complete legal requirements please post the signed hard copy of this Rx to

Attn: Ivelise Roic
Australian Veterinary Stem Cells
MISCL L3, Building 75, STRIP 1
Monash University
Wellington Rd
Clayton Vic 3800