

# Commercial Plant Diagnostic Clinic Form

Identification # \_\_\_\_\_

PLEASE FILL OUT FORM CLEARLY, LABEL YOUR SAMPLE(S) WITH ID AND LEAVE ON TABLE. TAKE YELLOW COPY FOR YOUR RECORDS. AGENT(S) WILL CONTACT YOU WITHIN A WEEK.

DATE \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

BUSINESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

MOBILE \_\_\_\_\_

E-MAIL \_\_\_\_\_

## Production Horticulture Agent:

Liz Felter - Production Horticulture  
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Specimen Name/Problems: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Chemicals Recently Applied: \_\_\_\_\_

\_\_\_\_\_

OFFICE USE ONLY, DO NOT WRITE BELOW THIS LINE

Diagnosis/Recommendations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check:  WHITE  BLACK  HI/LA  A  NH/PI  AI/AN  MALE  FEMALE

HI/LA = Hispanic/Latino A = Asian NH/PI = Native Hawaiian/Other Pacific Islander AI/AN = American Indian/Alaskan Native



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