

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
UF/IFAS Extension Orange County
6021 S. Conway Road, Orlando, FL 32812
(407) 254-9203 FAX (407) 850-5125
E-Mail: Lfelter@ufl.edu

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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