



Formerly, Phoenix Design Solutions

PAS AURAL BANDAGE - 1, 2 and 3 PART SYSTEM

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Name: _____

Mailing Address for Credit Card Statement: _____

City: _____ State: _____ Zip/Postal Code: _____

Phone number: _____

E-mail: (for order confirmation) _____

Credit Card #: _____

Expiration Date _____ Signature: _____

Dog's Name (first and last): _____

Dog Breed: _____ Age: _____ Weight: _____

Diagnosis: _____

DOG'S HEALTH: _____ Cushing's Disease _____ Addison's Disease

_____ Compromised Auto-Immune System

_____ Severe skin allergies _____ Long-term Prednisone therapy

#1 _____ Measure around dog's head, immediately in front of ears

#2 _____ Measure from just in front of ears to base of neck



