



LABIOLVET

Dr. VALENTINA LOMBARDI

MODULO RICHIESTA ESAME

Proprietario

Specie/Razza

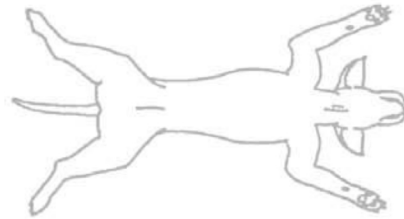
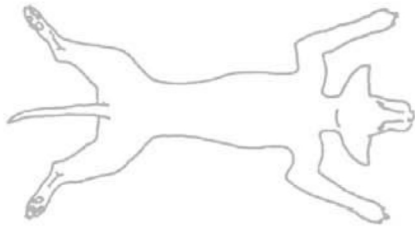
Nome

Età/Sesso

DATI ANAMNESTICI (necessari per gli esami cito e istopatologici)

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NOTE:.....

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