

Plant Diagnostic Clinic Form

Identification # _____

PLEASE FILL OUT FORM AND LEAVE WITH PLANT. AGENTS WILL CONTACT YOU WHEN RESULTS ARE AVAILABLE

DATE _____

CONTACT PERSON _____

BUSINESS _____

ADDRESS _____

PHONE _____

FAX _____

MOBILE _____

E-MAIL _____

CIRCLE DESIRED FORM OF CONTACT FOR RESULTS

SPECIALIZED REGIONAL AGENT COMMERCIAL HORTICULTURE

Juanita Popenoe—Nursery Production
Lake County Extension
1951 Woodlea Rd., Tavares, FL 32778
(352) 343-4101 FAX (352) 343-2767
E-Mail: jpopenoe@ufl.edu

Results and photos reported on website at
<http://cfextension.ifas.ufl.edu>
Select **Plant Clinic** under **Agriculture** and then
the month of submission.

SPECIMEN NAMES/PROBLEMS: _____

CHEMICALS RECENTLY APPLIED: _____

Office Use Only, Do Not Write Below This Line

DIAGNOSIS/RECOMMENDATIONS: _____

WHITE

BLACK

AI/ALA

HISPANIC

ASIAN/PI

MALE

FEMALE