

Commercial Plant Diagnostic Clinic Form

Identification # _____

PLEASE FILL OUT FORM, LABEL SAMPLE WITH ID AND LEAVE BOTH ON TABLE. AGENTS WILL CONTACT YOU WITHIN A WEEK.

DATE _____

CONTACT PERSON _____

BUSINESS _____

ADDRESS _____

CIRCLE DESIRED FORM OF CONTACT FOR RESULTS
(TAKE YELLOW COPY FOR YOUR RECORDS)

PHONE _____

FAX _____

MOBILE _____

E-MAIL _____

SPECIALIZED REGIONAL AGENTS COMMERCIAL HORTICULTURE

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

Lelan Parker—Foliage and Greenhouse Production
Orange County Extension, multi-county
6021 S. Conway Road, Orlando, FL 32812
(407) 294-9220 FAX (407) 850-5125
E-Mail: l.parker@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