



# Plant Doctor

# Plant Specimen Data Form

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Missouri Botanical Garden • University Extension

Plant Identification \_\_\_\_\_

Size: \_\_\_\_\_ Age: \_\_\_\_\_ Indoor: \_\_\_\_\_ Outdoor: \_\_\_\_\_

Gardener (please print):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (daytime): \_\_\_\_\_

Member:  Yes  No

Description of problem and ALL pertinent information:

Diagnosis: