



**PRESCRIPTION FORM effective March 1, 2017**

Patient Name:	DOB:
Address:	
City, State, Zip:	
Email Address:	Phone #:

Tap water Iontophoresis (TWI) Devices (prescription required for purchase)	P/N	HCPCS Code
<input type="checkbox"/> DVP1000 TWI Device Package 1 (Hands and/or Feet Treatment) <i>Includes module, power supply, carrying case/treatment trays, large aluminum electrodes for hands/feet treatment, towels, and pair of cables</i>	DVP1000K	E1399
<input type="checkbox"/> DVP1000 TWI Device Package 2 (Axillary Treatment) <i>Includes module, power supply, carrying case/treatment trays, small electrodes for axillary treatment, axillary pads, and pair of cables</i>	DVP1000KAX	E1399
<input type="checkbox"/> DP450 TWI Device Package 1 (Hands and/or Feet) <i>Includes module, power supply, carrying case/treatment trays, large aluminum electrodes for hands/feet treatment, towels, and pair of cables</i>	DP450K	E1399
<input type="checkbox"/> DP450 TWI Device Package 2 (Axillary Treatment) <i>Includes module, power supply, carrying case/treatment trays, small electrodes for axillary treatment, axillary pads, and pair of cables</i>	DP450KAX	E1399

Options, Accessories, & Replacement Parts	P/N	HCPCS Code
<input type="checkbox"/> Axillary Treatment Kit	HI-ATK	
<input type="checkbox"/> Ergonomic Trays <i>(upgraded trays for hand treatments)</i>	HI-ET	
<input type="checkbox"/> Large stainless steel electrodes- <i>Upgraded electrodes for hands/feet treatment; NOT recommended for users with nickel or chrome allergy</i>	HI-ESS-P	
<input type="checkbox"/> Facial Mask	HI-FM	
<input type="checkbox"/> Neck pad (6" x 6" dual pads)	HI-NP	
<input type="checkbox"/> Back/Chest pad (7" x 8" dual pads)	HI-BP	
<input type="checkbox"/> Replacement towels for hands/feet treatments	HI-T-P	
<input type="checkbox"/> Replacement large aluminum electrodes (for hands/feet treatment)	HI-EAL-P	
<input type="checkbox"/> Replacement axillary pads	HI-AXP-P	
<input type="checkbox"/> Replacement axillary electrodes (for axillary treatment)	HI-AXE-P	
<input type="checkbox"/> Replacement electrode cables	HI-RC	

I am prescribing the purchase and use of the above Hidrex USA tap water iontophoresis device and accessories for the treatment of hyperhidrosis. The device should be used as directed from the manufacturer.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
NPI#

\_\_\_\_\_  
Provider Address 1:

\_\_\_\_\_  
Provider Address 2:

*Completed form can be faxed to 1-844-374-9872 or emailed to [customer.service@hidrexusa.com](mailto:customer.service@hidrexusa.com)*