



PRESCRIPTION FORM effective July 1, 2017

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

DX Code (Check all that apply):

- L74-519 (primary focal hyperhidrosis, unspecified)
- L74-510 (primary focal hyperhidrosis, axilla)
- L74-512 (primary focal hyperhidrosis, palms)
- L74-513 (primary focal hyperhidrosis, soles)

Tap water Iontophoresis (TWI) Devices (prescription required for purchase)	P/N	HCPCS Code
<input type="checkbox"/> DVP1000 TWI Device Package <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"/> DP450 TWI Device Package <i>Includes module, power supply, carrying case/treatment trays, large aluminum electrodes for hands/feet treatment, towels, and pair of cables</i>	DP450K	E1399

Options, Accessories, & Replacement Parts	P/N	HCPCS Code
<input type="checkbox"/> Axillary Treatment Kit (<i>axillary pads and small electrodes</i>)	HI-ATK	E1399
<input type="checkbox"/> Ergonomic Trays (<i>upgraded trays for hand treatments</i>)	HI-ET	E1399
<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	E1399
<input type="checkbox"/> Facial Mask (<i>electrodes must be ordered separately</i>)	HI-FM	E1399
<input type="checkbox"/> Neck pad (6" x 6" dual pads)	HI-NP	E1399
<input type="checkbox"/> Back/Chest pad (7" x 8" dual pads)	HI-BP	E1399
<input type="checkbox"/> Small electrodes (for axillary, facial, neck and back/chest pads)	HI-AXE-P	E1399
<input type="checkbox"/> Replacement towels for hands/feet treatments	HI-T-P	E1399
<input type="checkbox"/> Replacement large aluminum electrodes (for hands/feet treatment)	HI-EAL-P	E1399
<input type="checkbox"/> Replacement axillary pads	HI-AXP-P	E1399
<input type="checkbox"/> Replacement electrode cables	HI-RC	E1399

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: _____ Phone #: _____

Completed form can be faxed to 1-844-374-9872 or emailed to customer.service@hidrexusa.com