



Tapwater Iontophoresis Treatment Session Log

User Name: _____	Date Received: _____
Device Model: _____	Serial #: _____

Session Number	Treatment Date	Area of Body Treated	Pulse-width (PW) (50-100)	# of Minutes	Voltage (0-60)	Estimated Dryness (%)*	Other Notes
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							

*Estimated dryness or improvement using your sweating before treatment as a basis
(for example: no improvement=0%, completely dry=100%)

Recommended settings for:	For DVP1000	For DP450		
Area	Pulse-width (PW)	Pulsed Current	Time	Voltage
Hands	90	ON (PW=50)	15	As tolerated
Feet	100	OFF (PW=100)	15	As tolerated
Underarms and Face**	70	ON (PW=50)	15	8**
Chest/back/neck	70	ON (PW=50)	15	As tolerated

***Proceed with caution when treating above 15 volts for axillary and facial treatments, as the skin is sensitive in these areas. Increase voltage in small increments (1-2 volts at a time) per session and monitor skin for irritation.*

To get a digital version of this form to print more copies, go to <http://www.hidrexusa.com/wp-content/uploads/2016/08/Treatment-Log-2.12.18.pdf>