



PRESCRIPTION FORM effective June 15, 2019

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
<b>***If model that the patient preferred is not known, please check both***</b>		

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 a Hidrex USA tap water iontophoresis device for the treatment of hyperhidrosis. The device should be used as directed from the manufacturer. Substitution of another brand is not permitted.

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](mailto:customer.service@hidrexusa.com)