



PRESCRIPTION FORM effective April 1, 2026

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 <i>(prescription required for purchase)</i>	HCPCS Code
<input type="checkbox"/> DVP1000 Ultimate Package <i>(hands, feet and underarms)</i> <i>Includes DVP1000 module with Direct, Variable, and Pulsed Current, power supply, carrying case/treatment trays, hands/feet electrodes and towels, Axillary Treatment Kit, and pair of cables</i>	E1399
<input type="checkbox"/> DVP1000 Hands & Feet Package <i>Includes DVP1000 module with Direct, Variable, and Pulsed Current, power supply, carrying case/treatment trays, hands/feet electrodes and towels, and pair of cables</i>	E1399
<input type="checkbox"/> DP450 Underarms Only Package <i>Includes DP450 module with Direct and Pulsed Current, power supply, carrying case, Axillary Treatment Kit, and pair of cables</i>	E1399
<input type="checkbox"/> DP450 Hands & Feet Package <i>Includes DP450 module with Direct and Pulsed Current, power supply, carrying case/treatment trays, hands/feet electrodes and towels, and pair of cables</i>	E1399
<b>***If model that the patient preferred is not known, you may check several***</b>	

Options and Accessories	HCPCS Code
<input type="checkbox"/> Axillary Treatment Kit <i>(axillary pads and small electrodes)</i>	E1399
<input type="checkbox"/> Facial Treatment Kit <i>(includes integrated silicone electrodes &amp; 1 extra pad)</i>	E1399
<input type="checkbox"/> Neck Treatment Kit <i>(Two 6" x 6" pads with integrated silicone electrodes)</i>	E1399
<input type="checkbox"/> Back/Chest Treatment Kit <i>(Two 7" x 8" pads w/ integrated silicone electrodes)</i>	E1399
<input type="checkbox"/> Ergonomic Trays <i>(upgraded trays for hand treatments)</i>	E1399
<input type="checkbox"/> Large stainless steel electrodes- <i>Upgraded electrodes for hands/feet treatment;</i> <i>NOT recommended for users with nickel or chrome allergy</i>	E1399

I am prescribing the purchase and use of a Hidrex USA 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)