

Electro Antiperspirant®

PRESCRIPTION FORM effective from October 1, 2018

Patient Name:	Date Of Birth:
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	Part Number	HCPCS Code
<input type="checkbox"/> Electro Antiperspirant® <i>(includes module, carrying case/treatment trays, large stainless steel electrodes for treatment of hands/feet, protective grids, pair of cables and underarm adapters)</i>	EA1	E1399
<input type="checkbox"/> Electro Antiperspirant® Sensitive <i>(includes module, carrying case/treatment trays, large stainless steel electrodes for treatment of hands/feet, protective grids, pair of cables and underarm adapters)</i>	EA2	E1399
<input type="checkbox"/> Kit for simultaneous treatment of limbs <i>(includes module, carrying case/treatment trays, large stainless steel electrodes for treatment of hands/feet, protective grids, pair of cables, large treatment trays and underarm adapters)</i>	EA2HF	E1399
<input type="checkbox"/> Electro Antiperspirant® ELITE <i>(includes module, power supply, carrying case/treatment trays, large stainless steel electrodes for treatment of hands/feet, protective grids, pair of cables and underarm adapters)</i>	EA3	E1399

Accessories & Replacement Parts	Part Number	HCPCS Code
<input type="checkbox"/> Comfortable Underarm Adapters <i>(armpit adapters and small electrodes)</i>	EAA-ARM	E1399
<input type="checkbox"/> Large Containers <i>(set of large treatment trays for Electro Antiperspirant devices)</i>	EAA-LC	E1399
<input type="checkbox"/> Replacement Large Electrodes <i>(large stainless steel electrodes)</i>	EAP-LE	E1399
<input type="checkbox"/> Replacement Small Electrodes <i>(small stainless steel electrodes)</i>	EAP-SE	E1399
<input type="checkbox"/> Replacement Carrying Case	EAP-CC	E1399
<input type="checkbox"/> Replacement Electrode Cables	EAP-EC	E1399
<input type="checkbox"/> Replacement Electrode Grids	EAP-EG	E1399

I am prescribing the purchase and use of the above Electro Antiperspirant 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 (305) 749-0407 or emailed to info@iontophoresis.us