



# Iontophoresis Treatment Journal

Week of: \_\_\_\_\_

Date	Area(s) Treated	mA	Current	Time (Min.)	Notes
_____	<input type="checkbox"/> Hands <input type="checkbox"/> Feet <input type="checkbox"/> Underarms	_____	<input type="checkbox"/> Direct <input type="checkbox"/> Pulsed	_____	
_____	<input type="checkbox"/> Hands <input type="checkbox"/> Feet <input type="checkbox"/> Underarms	_____	<input type="checkbox"/> Direct <input type="checkbox"/> Pulsed	_____	
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Questions about your treatment plan?  
 Contact your Treatment Specialist at **(800) 525-3467**  
 or visit us online at **www.rafischer.com**