

Authorization Form for The Fischer Iontophoresis Device

RA FISCHER CO.

Ph: (800)525-3467 Fax: (818)775-2941
www.rafischer.com

The authorization can be written out on a regular prescription pad.

If not in the form of a prescription, the following authorization form is to be filled out by a licensed healthcare practitioner and **faxed to 818-775-2941** or **emailed to rx@rafischer.com**

Patient Information				
Patient Name	DOB		Member ID	
Street Address			City	State ZIP
Phone Number	Email			

Equipment Information		
Equipment Needed <input checked="" type="checkbox"/> E1399 The Fischer: Metal-Free Iontophoresis Device <input type="checkbox"/> Hands and Feet <input type="checkbox"/> Underarms <input type="checkbox"/> Hands, Feet, and Underarms	Diagnosis <input type="checkbox"/> L74.512 Palmar Hyperhidrosis <input type="checkbox"/> L74.513 Plantar Hyperhidrosis <input type="checkbox"/> L74.510 Axilla Hyperhidrosis <input type="checkbox"/> R.61 Generalized Hyperhidrosis	Length of Need <input checked="" type="checkbox"/> 99 (in months = lifetime)

Physician Information				
Physician Name			NPI	
Office Name			Tax ID	
Street Address		City		State ZIP
Phone Number		Fax		

Patients may then purchase the device through our website, and we will cross reference their order with their prescription. You can direct them to www.rafischer.com. If you have any questions, please call us at (800) 525-3467.

Physician Authorization	
I am authorizing the use of the The Fischer Iontophoresis device for my patient, _____ for the treatment of hyperhidrosis.	
_____ <i>Physician Name (Printed)</i>	_____ <i>Physician Signature</i> _____ <i>Date</i>

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