RA FISCHER
SWEAT LESS LIVE MORE
25 W. EASY STREET #301
SIMI VALLEY, CA 93065
(800) 525-3467
WWW.RAFISCHER.COM

AUTHORIZATION FORM FOR THE R.A. FISCHER IONTOPHORESIS DEVICE

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**

PRACTITIONER'S INFORMATION

Practitioner's Name:
Clinic/Business Name:
Practitioner's Address:
City: State: Zip code:
Phone Number:
Fax Number:
Prescriber NPI:

Patient's Name:
Patient's Address:
City: State: Zip code:
Phone Number:
Patient Email Address:

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.

I am authorizing the use of the R.A. Fischer Iontophoresis device for _____, for the treatment of Hyperhidrosis.
PATIENT'S NAME

_____
PHYSICIAN'S NAME PRINTED

_____ Date ____/____/_____
PHYSICIAN'S SIGNATURE