



## AUTHORIZATION FORM FOR THE 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) 436-0832 or emailed to rx@fischermedicalsupply.com

### PRACTITIONER INFORMATION

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

### PATIENT INFORMATION

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.fischermedicalsupply.com](http://www.fischermedicalsupply.com)

If you have any questions, please call us at (818) 668-3259.

I am authorizing the use of the Fischer Iontophoresis device for _____ for the treatment of hyperhidrosis. <small>PATIENT'S NAME</small>	
_____ <small>PHYSICIAN'S NAME PRINTED</small>	
_____ <small>PHYSICIAN'S SIGNATURE</small>	_____ <small>DATE</small>