



R.A. FISCHER IONTOPHORESIS DEVICES

The R.A. Fischer line of Iontophoresis devices are an effective FDA Cleared treatment for Palmar and Plantar Hyperhidrosis. Tap water Iontophoresis for Hyperhidrosis has been in use since 1952, and the R.A. Fischer Company has been selling Iontophoresis devices since the mid 1980's, and we have sold over 6,000 units, with zero reports of any serious side effects.

Among the hundreds of the Physicians who prescribe our devices include physicians from the Mayo Clinic, Duke University Medical Center, Georgetown University Hospital.

Prescribing Information

When writing the prescription, you can simply indicate "Use as Directed" unless you have your own protocol you wish to prescribe. Our comprehensive manual, along with our web based instructional videos, will direct the patient on how to most effectively use the device. In addition, we offer unlimited phone support to both Doctor and Patient, for any questions you or your patient may have.

Contraindications

- Do not prescribe this device if your patient has a cardiac demand pacemaker, electrically sensitive support systems, or metallic implants of any kind.
- Do not prescribe this device if the patient has cancer or is electrically sensitive.
- Advise the patient to avoid treatment in areas where sensation is absent or impaired, and to not apply current over damaged or denuded skin, or over skin eruptions of any kind.
- Do not prescribe this device if the patient suspects to have or has been diagnosed with heart problems or epilepsy.
- Do not prescribe this device to any patient who is pregnant, or who is wanting to become pregnant.

HOW TO AUTHORIZE PURCHASE: FAX WRITTEN AUTHORIZATION TO 818-775-2941 OR EMAIL TO RX@SWEATLESSHANDS.COM. PATIENTS MAY THEN PURCHASE THE DEVICE ON OUR WEBSITE, AND WE WILL CROSS-REFERENCE THEIR PRESCRIPTION WITH THEIR ORDER. THE PRACTITIONER'S LICENSE AND CONTACT INFORMATION MUST APPEAR ON THE AUTHORIZATION. ANY LICENSED HEALTHCARE PRACTITIONER WHO CAN WRITE PRESCRIPTIONS MAY AUTHORIZE PURCHASE.



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 emailed to rx@sweatlesshands.com

Practitioner's Name:		
Practitioner's Address:		
City:	State:	Zip code:
Phone Number:		
State License Number:		

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.sweatlesshands.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 _____,
PATIENT'S NAME
for the treatment of Hyperhidrosis

Physician's Signature
Date: ___/___/___