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**RX Request for Iontophoresis**

Physician:       Date:

Physician Phone:       Physician Fax:

Patient Name:       D.O.B:

Rx:  Dexamethasone  Acetic Acid  Other

**The following prescription is needed for Dexamethasone:**

4-5 vials (5mL/each) of liquid Dexamethasone Sodium Phosphate 4mg/mL

Quantity used per treatment: 2.5-3cc

Typical protocol is 5-6 treatments and if 50% improvement is noted, then an

Additional 5 treatments may be preformed

**Please contact pharmacy below to fill this Rx:**

Pharmacy Name:

Pharmacy Phone:

The patient’s next date of service requiring Iontophoresis is:

The patient’s diagnosis:

**If you have any questions please contact me at:**

Therapist Name:

Site:

Address:

Phone:

Fax:

Therapist Signature