

Aquex Patient Order Form

Fax To: 214-414-2533

Email To: sales@dermitech.com

Mail To: Dermitech, PO Box 801403, Dallas, TX 75380-1403



Note: This product is not offered by Dermitech using insurance since currently there are no dedicated billing codes for iontophoresis devices. All sales will be "self-pay" and a prescription is required.

To be filled out by the PATIENT. Please print clearly. For assistance, please call: 214-377-8144.

Patient Information

Patient Name _____ Daytime Phone _____
Address _____ City _____ State _____ Zip _____
Email _____ Alternate Phone _____
Date of Birth _____ Physician _____
Skin Disorder: Hyperhidrosis Other _____
Shipping Address/Name, if different from above: Name _____
Address _____ City _____ State _____ Zip _____

Product Choice



Aquex Tap Water Iontophoresis Basic Kit
For treating Hands and Feet



Underarm Treatment Kit
Two pads for treating underarms



Replacement Pads for Underarm Kit
Quantity: ____ pair



Replacement Towels
Quantity: ____ pair

Other Areas: Treatment pads are available to treat other areas of the body, such as the face, head, stomach, back, legs, etc. Please describe here for other areas that may need treatment.

Confirmation

I confirm that the above information is accurate and complete to the best of my knowledge. I agree to follow my prescriber's instructions for the proper use of this medical device. I authorize Dermitech and/or any of Dermitech's corporate affiliates or order fulfilling partners to contact me by telephone, postal mail or email regarding my medical equipment order. I authorize any holder of medical information about me to release to Dermitech, my physician(s), caregiver, CMS or its agents.

I have read and agree to the Patient Agreement.

Signature (Required) _____ Date _____

Relationship to Patient: Self Parent Other _____

Patient Agreement

Below are the terms and conditions of sale or rental of home medical equipment. Please read carefully and sign the Patient Order Form if you agree. Please call 214-377-8144 if you need assistance or have questions.

- Home medical devices that we sell can only be purchased or rented with a valid prescription or written order from a licensed physician per government regulations.
- You agree to use your home medical device only in the manner in which it was intended. This includes following your physician's instructions and scheduling periodic follow-up examinations. Minor patients for whom this unit is prescribed are required to be under the supervision of a parent or guardian who understands the use of the device and assumes full responsibility of the minor. You agree to follow all safety precautions, including wearing protective goggles during all home phototherapy treatments.
- Dermitech's HIPAA Privacy Policy, Medicare Standards, Patient Bill of Rights and Scope of Services documents are available at www.dermitech.com/forms, and a printed copy will be included with your device upon delivery. To receive a copy by fax, mail or email, call Dermitech at 214-377-8144.
- There is no obligation to purchase when your insurance benefits and eligibility are verified. However, once you have instructed Dermitech to process your order, payment in full of the agreed upon price becomes your responsibility. You understand that unmet deductibles, co-pays and changes in plan benefits can sometimes affect the amount of reimbursement you receive and you agree to pay the difference between the agreed upon price and the amount of your insurance reimbursement.
- If your device has not yet been paid in full and your insurance company sends payment to you instead of to Dermitech, you agree to forward this payment to Dermitech within five business days of receipt.
- Only orders within the contiguous 48 states qualify for free delivery. Hawaiian and Alaskan deliveries will incur additional shipping charges.
- Large equipment will be delivered to the ground floor door of your home or garage. If you desire additional service, such as a stair carry or transport to the interior of your home, you must make arrangements yourself or contact Dermitech regarding these or other services. Dermitech on-site service is currently only available in selected areas of Texas and applies to specific models.
- Upon delivery to your home, you agree to inspect the package and to note any damage on the freight receipt prior to accepting the delivery. If you are unable to fully inspect the equipment before signing off on the delivery, you agree to indicate "Further Inspection Required - Concealed Damage Possible" on the freight receipt and to notify Dermitech or Daavlin within two business days of the product being delivered if any damage is present.
- You agree that you have read and fully understand the size and weight of the device and that you have space to accommodate it. Further, you confirm your understanding that some large devices may require a special electrical outlet that may need to be installed for the device to operate. Information on size, weight and electrical requirements can be found on the equipment supplier's website at www.daavlin.com or you may contact Dermitech at 214-377-8144.
- You agree that purchased prescription medical equipment is non-returnable, therefore all sales are final.
- You understand, as the purchaser, that signing the Patient Order Form document constitutes my understanding and agreement to the terms and conditions contained herein, which are applicable to the purchase of home medical equipment.

Dermitech

Phone: 214-377-8144 ▪ Fax: 214-414-2533
13500 Midway Rd, Ste 312 ▪ Dallas, TX 75244
Hours: 9:00am to 5:00pm