Fax: 877-309-0687 Ph	1 one: 877-437-9012
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Fax: 877-309-0687 P

STATEMENT OF MEDICAL NECESSITY IDe 10-CM Diagnosis Code Other Clinical Information Odd0.2: Localization-related symptomatic epilepsy & epileptic syndromes with complex partial seizures Odd0.82: Epileptic Spasms (Infantile) Other: Treatment Name Dose Start Date Stop Date Current Intolerant Treatment Name Dose Start Date Stop Date Current Intolerant O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O					Date:		Needs	by Date:	
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