

Medical Necessity Form

To whom it may concern,

My patient _____ is under my medical care. He/She is being treated for Hyponatremia/SIADH ICD 10 code E22.2. It is medically necessary for her/him to be on the specialty medical food Urea-Brand name UreaAide, at a starting dose of _____. I anticipate _____ to be on UreaAide for approximately _____. I am requesting this treatment be considered a qualified medical expense as it will be consumed primarily to alleviate or treat an illness or disease.

Sincerely yours,

I can be reached for questions at my office at
