

[Physician Name/Clinic Name]  
[Address]  
[Phone Number]  
[Date]

To: [Employer Name/Human Resources Department]  
[Company Name]  
[Address]

**RE: Letter of Medical Necessity for Ergonomic Accommodation**

Patient Name: [Patient Full Name]  
Date of Birth: [DOB]

To Whom It May Concern,

[Patient Name] is currently under my medical care for a diagnosed musculoskeletal condition that affects their physical function and comfort. Due to the nature of this condition, the patient experiences significant pain and physical strain when sitting for extended periods.

As a Clinic Receptionist, the patient's job duties require long durations of sedentary work and repetitive tasks at a desk. To prevent further injury and manage their current symptoms, I am prescribing a specialized ergonomic chair as a medical necessity for their workplace accommodation.

The ergonomic chair should meet the following medical requirements:

- Adjustable lumbar support to maintain the natural curve of the spine.
- Adjustable seat height and depth to ensure proper circulation and leg positioning.
- Adjustable armrests to reduce strain on the neck and shoulders.
- Swivel and tilt tension features to allow for frequent postural changes.

This accommodation is necessary to allow the patient to perform their essential job functions safely and effectively. Please feel free to contact my office if you require any further information.

Sincerely,

[Physician Signature]

[Physician Printed Name]  
[Medical License Number]