

[Date]

To: [Employer Name/Human Resources Department]  
From: [Treating Physician Name, MD/DO]  
Subject: Letter of Medical Necessity for Workplace Accommodation

Patient Name: [Physician Employee Name]  
Date of Birth: [DOB]

To Whom It May Concern,

I am writing this letter to formally recommend a workplace accommodation for my patient, [Physician Name], who is currently employed as a physician at your facility. [Physician Name] is under my care for the treatment of [Insert Medical Condition, e.g., chronic lower back pain, lumbar disc herniation, or cervical radiculopathy].

Due to this condition, prolonged periods of static sitting—specifically during the administrative task of electronic medical record (EMR) charting—exacerbate their symptoms and lead to functional impairment. To mitigate pain and prevent further physical decline, it is medically necessary for the patient to alternate between sitting and standing positions throughout the workday.

I am prescribing a **height-adjustable sit-to-stand desk** as a required medical accommodation. This equipment will allow [Physician Name] to maintain spinal alignment, reduce intradiscal pressure, and continue performing their clinical documentation duties safely and effectively.

Specifically, I recommend the following parameters:

- A desk converter or full desk that allows for seamless transition between sitting and standing heights.
- Frequent position changes every 30-60 minutes as tolerated.

This accommodation is necessary to ensure the patient can perform the essential functions of their job without compromising their health. Please contact my office at [Phone Number] if you require further clinical clarification.

Sincerely,

[Signature]

[Physician Name, Credentials]  
[Medical License Number]  
[Practice Name/Clinic]