

[Physician Name/Letterhead]  
[Address]  
[City, State, Zip Code]  
[Phone Number]

[Date]

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

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

Patient Name: [Patient Name]  
Date of Birth: [DOB]  
Job Title: Medical Records Coder

To Whom It May Concern,

I am the treating physician for [Patient Name]. Due to a diagnosed medical condition affecting the [musculoskeletal system/wrists/hands], specifically [Diagnosis Name/ICD-10 Code], it is medically necessary for this patient to use an ergonomic keyboard to perform their duties as a Medical Records Coder.

The patient's role involves high-volume data entry and prolonged repetitive typing. Without appropriate accommodation, continued use of a standard keyboard will likely exacerbate their condition, cause increased pain, and may lead to further functional impairment.

I recommend the following workplace accommodation:

- A split-key or contoured ergonomic keyboard designed to promote a neutral wrist position and reduce ulnar deviation.

This equipment is necessary to allow the patient to perform the essential functions of their job safely and effectively while minimizing the risk of further injury. This accommodation is recommended for [Duration, e.g., permanent use].

Please contact my office at [Phone Number] if you require further clinical information.

Sincerely,

[Physician Signature]  
[Physician Name, Credentials]