

Date: [Date]

To: [Name of HR Representative or Supervisor]

From: [Physician Name/Medical Provider Name]

Subject: Letter of Medical Necessity for Workplace Accommodation

Patient Name: [Radiologist Name]

Date of Birth: [DOB]

To Whom It May Concern,

I am writing on behalf of [Radiologist Name] to recommend a workplace accommodation. Due to [mention medical condition, e.g., chronic cervical spine strain or musculoskeletal disorder], it is medically necessary for this patient to utilize an adjustable monitor arm system at their workstation.

As a radiologist, the patient spends extended periods reviewing high-resolution imaging. Proper ergonomic alignment is critical to prevent further injury and manage current symptoms. An adjustable monitor arm is required to ensure the screens are positioned at the correct focal length and height to maintain a neutral cervical spine posture.

Requested Equipment:

High-capacity, gas-spring or mechanical adjustable monitor arm(s) capable of supporting diagnostic-grade monitors.

This accommodation will allow the patient to perform their essential job functions while mitigating physical strain. Please feel free to contact my office if you require further information.

Sincerely,

[Physician Signature]

[Physician Name, Title]

[Medical Facility Name]

[Phone Number]