

Date: [Insert Date]

To: [Employer Name/Human Resources Department]

From: [Physician Name, MD/DO/NP/PA]

Subject: Letter of Medical Necessity for Ergonomic Accommodation

Patient Name: [Patient Name]

Date of Birth: [Patient Date of Birth]

To Whom It May Concern,

I am the treating physician for [Patient Name]. Due to a diagnosed medical condition, specifically [Insert Diagnosis, e.g., Chronic Lower Back Pain / Degenerative Disc Disease], it is medically necessary for this patient to receive an ergonomic accommodation to perform their duties as a Phlebotomy Technician safely.

The patient's job requires repetitive bending, leaning, and prolonged standing while performing blood draws. These physical demands exacerbate their condition, leading to [Insert Symptoms, e.g., severe pain, nerve compression, or muscle fatigue].

To mitigate these symptoms and prevent further injury, I am prescribing the use of a high-quality **ergonomic rolling stool** with the following features:

- Adjustable height to ensure proper spinal alignment during draws.
- 360-degree swivel for ease of movement between equipment and patients.
- Lumbar support and cushioned seating.
- Stable, locking casters for safety.

This accommodation will allow [Patient Name] to maintain the necessary precision for phlebotomy procedures while reducing mechanical stress on their [Insert Body Part, e.g., lumbar spine].

Please contact my office at [Phone Number] if you require further documentation or clarification.

Sincerely,

[Physician Signature]

[Physician Name, Title]

[Medical Facility Name]

[License Number]