

DATE: [Date]

TO: [Employer Name / Human Resources Department]

FROM: [Physician Name, MD/DO]

RE: Letter of Medical Necessity for Workplace Accommodation

Patient Name: [Patient Name]

Date of Birth: [Patient DOB]

To Whom It May Concern,

I am the treating physician for [Patient Name]. Due to a diagnosed medical condition, specifically [Condition Name/e.g., Chronic Neck Strain / Visual Impairment / Migraines], it is my professional recommendation that this patient be provided with a dual monitor display setup to perform their duties as a Billing Specialist.

In their role, the patient is required to simultaneously view electronic health records, insurance portals, and billing software. Frequent switching between tabs and windows on a single screen leads to [mention symptoms, e.g., significant repetitive neck strain, eye fatigue, or cognitive overload], which exacerbates their medical condition.

A dual monitor workstation is a medical necessity for this patient to:

- Minimize repetitive cervical rotation and strain.
- Reduce visual fatigue and digital eye strain.
- Maintain a neutral ergonomic posture while managing complex data sets.

This accommodation will allow the patient to perform the essential functions of their job while managing their health condition and preventing further injury. If you have any questions regarding this request, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Name, Title]

[Medical Practice Name]

[License Number]