

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

Date: [Date]

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

RE: Letter of Medical Necessity for Ergonomic Accommodation

To Whom It May Concern:

I am writing on behalf of my patient, [Patient Name], who is currently employed at [Company Name] as a Patient Intake Coordinator. [Patient Name] is under my clinical care for [Diagnosis/Condition, e.g., Carpal Tunnel Syndrome, Repetitive Strain Injury, or Tendonitis].

Due to the nature of their role, which involves prolonged periods of data entry, electronic medical record (EMR) navigation, and high-frequency clicking, the use of a standard computer mouse exacerbates their symptoms and risks further physical impairment.

To mitigate pain and prevent the progression of this condition, I am prescribing the following ergonomic accommodation as a medical necessity:

- **Recommended Device:** [Specify type, e.g., Vertical Ergonomic Mouse, Trackball Mouse, or Orthopedic Mouse]
- **Purpose:** To maintain a neutral wrist position and reduce forearm pronation and repetitive strain during intake tasks.

This accommodation is essential for [Patient Name] to perform the essential functions of their job safely and effectively. I recommend this device be implemented immediately.

Please feel free to contact my office if you require any further documentation or clarification regarding this medical necessity.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]
[Medical License Number]