

**Date:** [Date]

**RE:** Letter of Medical Necessity for Extra Legroom

**Patient Name:** [Patient Full Name]

**Date of Birth:** [Date of Birth]

**Passenger Confirmation Number (if applicable):** [Confirmation Number]

To Whom It May Concern,

I am the treating physician for [Patient Name], who is currently under my care for the following orthopedic condition(s): [Insert Diagnosis, e.g., Severe Osteoarthritis of the Knee, Post-Operative Hip Replacement, Chronic Deep Vein Thrombosis risk].

Due to this medical condition, the patient suffers from [mention specific limitations, e.g., permanent joint stiffness, inability to flex the knee beyond 90 degrees, or a high risk of blood clots]. It is medically necessary for this patient to have extra legroom during air travel to allow for [mention requirement, e.g., periodic leg extension or prevention of joint locking].

Seating in a standard economy cabin with restricted pitch would cause the patient significant physical pain, risk of injury, or medical complications. Therefore, I am formally requesting that [Patient Name] be accommodated with a bulkhead seat, an exit row (if physically capable), or a premium seat with additional legroom.

If you require any further medical documentation or have questions regarding this request, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

**[Physician Name, MD/DO]**

[Medical License Number]

[Clinic/Hospital Name]

[Address]