

[Physician's Name, MD/DO]

[Clinic/Hospital Name]

[Address]

[Phone Number]

[Date]

RE: Letter of Medical Necessity for Seat Upgrade

Patient Name: [Patient Full Name]

Date of Birth: [MM/DD/YYYY]

Medical Record Number: [If applicable]

To Whom It May Concern,

I am writing on behalf of my patient, [Patient Name], who is currently under my care for the management and recovery of a significant spinal injury, specifically [Specific Diagnosis/Type of Injury].

Due to the nature of this injury and the current stage of recovery, it is medically necessary for [Patient Name] to have specific seating accommodations during travel. Standard seating in economy class does not provide the required support or physical space necessary to prevent further injury or severe pain exacerbation.

Specifically, the patient requires a seat upgrade (Business or First Class) for the following medical reasons:

- **Increased Legroom/Recline:** To allow for frequent position changes and to reduce axial loading on the spine.
- **Lumbar Support and Width:** To maintain proper spinal alignment and accommodate necessary medical braces or supports.
- **Mobility Access:** To allow the patient to stand and stretch periodically to prevent muscle spasms and deep vein thrombosis (DVT) related to spinal cord trauma.

I am recommending a seat upgrade for all travel occurring between [Start Date] and [End Date/Full Recovery]. Failure to provide these accommodations may significantly regress the patient's rehabilitation progress and result in acute neurological distress.

Should you require any further information, please feel free to contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Printed Name]

[Medical License Number]