

**Date:** [Insert Date]

**To:** [Airline Name / Transportation Provider]

**Subject:** Medical Clearance and Requirement for Extra Legroom Accommodation

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

**Date of Birth:** [Patient DOB]

**Travel Date(s):** [Insert Dates]

To Whom It May Concern,

I am the treating physician for [Patient Name], who is currently under my care for an orthopedic injury involving the [Specify Left/Right] [Specify Body Part, e.g., Knee, Hip, or Lower Leg].

Due to the nature of this injury and/or recent surgical intervention, the patient is medically required to keep the affected limb [Extended/Elevated] during travel. It is medically necessary for the patient to be seated in a bulkhead seat, an exit row (if physically capable), or a seat with extra legroom to prevent further injury, manage pain, and reduce the risk of Deep Vein Thrombosis (DVT).

The patient is cleared for air travel provided these accommodations are met. This requirement is a medical necessity rather than a preference for comfort.

Should you require further medical documentation or clarification, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Medical License Number]

[Clinic/Hospital Name]

[Contact Information]