

Letter of Medical Necessity

To Whom It May Concern:

_____ is my patients and has been diagnosed with _____(Diagnosis code _____). Frequency of symptoms may occur as often _____, with severity experienced as high as _____. Sitting in the current chair for as little as _____caused symptoms to occur. In an effort to conservatively manage this patient, I am prescribing Neutral Posture Task Series office seating From Ebony Office Interiors, LLC. These chairs are FDA-registered medical devices (#164461) are Medically necessary for treatment of my patient’s condition. Ten separate points of adjustment allow the product to be adjusted for both body type and task, ensuring optimal support for my patient. The product promotes a self-care philosophy and is designed to help my patient by:

- Providing fully adjustable lumbar support to promote lordosis and neutral posture, promoting central positioning of disc material and lowering disc pressure.
- Providing armrests that rotate and are both height/width adjustable, to support upper extremity weight. This reduces stress to the shoulder, neck, and upper/lower back regions. The armrests also reduce pressure placed on the wrists, to help decrease that chance of upper-extremity repetitive stress injuries.
- Reducing seated pressure via the contoured seat pan, thus minimizing pressure point discomforts and compromised blood circulation.
- Providing continuous support for multiple tasks (e.g., typing, reaching for a phone or an important paper) via the tilt mechanism.
- Decreasing the potential for spinal re-injury
- Enhancing the effects of current treatment
- Studies have shown the stresses due to improper spinal positioning, placed on the spine while sitting, sleeping, and reclining, result in spinal damage. In my opinion, this product will help my patient achieve proper spinal positioning and is necessary for recovery.

Health Care Provider Signature: _____ Date: _____