

**Sample** Letter of Medical Necessity, #1  
Assistive Device

Date:

To Whom It May Concern:

I have been treating \_\_\_\_\_ for physical medicine and rehabilitation. This 60-year-old man suffers from polymyositis, recurrent aspiration pneumonia, and nasopharyngeal cancer. He demonstrates significant bilateral lower extremity weakness. He requires assistance to perform sit-to-stand movement for ambulation with a regular rolling walker. It would be medically appropriate and necessary for safety and independent mobility to have an Up n'Free walker. This allows Mr. \_\_\_\_\_ to perform sit-to-stand activity without assistance and to ambulate independently for over 200 ft. It also allows decreased pressure on hi lower extremities, reducing the amount of recuravtum at his knees. This will prevent overstretching and deterioration of the knee joints.

If you have further questions, please do not hesitate to contact me.

Sincerely,

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