

August 13, 2008

To Whom It May Concern:

_____ is a _____ year old _____ with a primary diagnoses of _____ . He was seen at the _____ in _____, _____, on _____, 200_, for the prescription of a new seating system to meet his positioning needs.

_____ presents with the following:

He must have a tilt-in-space chair with appropriate positioning to provide safety and support, and to facilitate breathing and feeding.

His current seating system is a _____ that is _____ years old. It no longer meets his positioning needs because _____.

The goals for _____ for seating are to maintain posture, protect skin, provide comfort, and enhance function. Upon evaluation, the Seating Team has recommended that the following equipment be prescribed for _____:

Broda Chair, Model _____, with _____, _____, _____, _____, _____.

The Broda Chair is prescribed because it is a Pressure Reduction chair that enables for total positioning. The tilt is needed for proper Pressure Reduction and head and trunk positioning. The adjustable height arms are needed to support tray at right height, for upper body support and balance, and for ease of transfers. The laterals will encourage midline trunk position, compensate for lack of trunk control, provide safety, and contour around trunk for better control. The tray is needed for functional surface for work, stimulation, upper arm and trunk support, inability to access tables, computer, and a base for augmentative communication devices. The Swing-Away removable legrest is needed to control increased extension or spasms in lower extremities, excessive internal rotation, and to prevent aggressive behavior for safety. The anti-tippers are needed for safety.

Should you have any questions regarding these recommendations, please do not hesitate to call me at (____) ____-____. We hope that you will be able to accommodate these needs in an expedient manner. Thank you for your cooperation and assistance in this manner.

Sincerely,

_____.