

Name: Michael W Somers | DOB: 12/11/1970 | MRN: 970507359 | PCP: Veronique C Bartman, MD

Letter Details



THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

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2/27/2019

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RE: Michael W Somers
704 Sanville Dr
Lewis Center OH 43035
DOB: 12/11/1970
MRN: 970507359

To whom it may concern:

This letter is the disability/"medical treatment by provider" information requested for Michael W Somers.

Mr. Somers has been patient in our office since at least 2008.

He has history of traumatic brain injury in 2007 that has resulted in neuropathic pain and weakness in his left leg.

He needs to change position frequently to minimize his pain and be able to continue working.

A Sit/Stand desk is an ADA compliant reasonable accomodation for this patient's permanent medical disability and should be provided as soon as possible.

Please contact office if you have questions regarding this letter

Sincerely,

Veronique Bartman, M.D.

This letter was initially viewed by Michael W Somers at 2/27/2019 9:14 PM.

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