Date: [Date]

Patient Name: [Patient Full Name]
Date of Birth: [Date of Birth]
Claim/Reference Number: [Claim Number]
Date of Injury: [Date of Injury]

To Whom It May Concern,

This letter serves as formal notification that [Patient Name] has reached **Maximum Medical Improvement (MMI)** as of [MMI Date].

MMI is defined as the point at which a patient's condition has stabilized and no further functional improvement is expected, despite continued medical treatment or rehabilitation.

Work Status and Physical Capacity:

[Select one option below]

- The patient is cleared to return to full duty without restrictions.
- The patient is cleared to return to work with the following permanent restrictions: [List Restrictions].
- The patient is unable to return to their previous occupation and has the following permanent functional limitations: [List Limitations].

Impairment Rating:

Based on the [Specify Edition, e.g., AMA Guides 6th Edition], the patient has been assigned a Permanent Partial Impairment (PPI) rating of [Percentage]%.

Future Medical Care:

While the patient has reached MMI, the following maintenance care is recommended: [List any medications, therapy, or periodic check-ups].

If you require further documentation or clarification regarding this clinical determination, please contact our office.

Sincerely,

[Physician Signature]
[Physician Name, Degree]
[Medical Facility Name]
[Phone Number]