

Date: [Date]

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Patient ID/Claim Number: [ID Number]

Subject: Notice of Discharge - Maximum Medical Improvement (MMI)

Dear [Patient Name],

This letter is to formally notify you that you are being discharged from rehabilitation services at [Facility Name], effective [Discharge Date].

Based on a clinical review of your progress and recent evaluations, it has been determined that you have reached **Maximum Medical Improvement (MMI)**. This means that your condition has stabilized and further functional improvement is not expected with continued formal rehabilitation at this time.

Summary of Status:

- **Current Functional Status:** [Brief Description]
- **Permanent Restrictions (if any):** [List Restrictions or 'None']
- **Work Status:** [Cleared for Full Duty / Modified Duty / Permanent Disability]

Maintenance Plan:

To maintain your current level of function, we recommend the following home exercise program: [Brief Description].

A final report has been sent to your referring physician, [Physician Name]. If you experience a significant change in your symptoms or a new injury, please contact your primary doctor for a new referral.

It has been a pleasure assisting you with your recovery.

Sincerely,

[Provider Signature]

[Provider Name and Title]

[Facility Name]