

[Clinic Name]  
[Clinic Address]  
[City, State, Zip Code]  
[Phone Number]

[Date]

[Patient Name]  
[Patient Address]  
[City, State, Zip Code]

**RE: Discharge from Chiropractic Care**

Dear [Patient Name],

This letter is to formally notify you that you have been discharged from active chiropractic care at [Clinic Name], effective [Date].

**Reason for Discharge:**

You have successfully completed your prescribed treatment plan and have reached Maximum Medical Improvement (MMI). Your initial goals for care regarding [Initial Complaint/Condition] have been met.

**Summary of Care:**

Throughout your treatment, you received [Type of Adjustments/Therapies]. You have shown significant improvement in [Range of Motion/Pain Levels/Functionality].

**Home Care and Maintenance:**

To maintain the progress you have made, we recommend that you continue with the following:

- Perform the prescribed stretching and strengthening exercises.
- Maintain proper ergonomic posture at work and home.
- Stay hydrated and maintain an active lifestyle.

**Future Care:**

While you are no longer required to attend regular appointments, we recommend periodic wellness check-ups to ensure your spinal health remains stable. Should you experience a recurrence of symptoms or a new injury, please contact our office to schedule an evaluation.

It has been a pleasure assisting you with your healthcare needs. We wish you continued health and wellness.

Sincerely,

[Doctor's Signature]

[Doctor's Printed Name]

[Clinic Name]