

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

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

Re: Notice of Maximum Medical Improvement (MMI) and Discharge

Dear [Patient Name],

This letter is to formally notify you that you have reached Maximum Medical Improvement (MMI) regarding the condition(s) for which you have been receiving chiropractic care at our office. MMI means that your condition has stabilized and further clinical improvement is not expected with continued active treatment at this time.

Treatment Summary:

- Date of Initial Evaluation: [Date]
- Total Number of Visits: [Number]
- Final Clinical Status: [Improved / Resolved / Stable]

Effective [Date of Discharge], you are officially discharged from active care. While active corrective treatment has concluded, we recommend the following for long-term maintenance:

- Continue prescribed home stretching and strengthening exercises.
- Maintain proper ergonomic habits during daily activities.
- Schedule periodic wellness or supportive care visits if symptoms return.

We have forwarded a copy of your final progress report to [Referring Provider/Insurance Company/Attorney], if applicable. Your medical records remain on file should you need them in the future.

It has been a pleasure assisting you with your recovery. If you experience a new injury or a significant flare-up of your condition, please contact our office to schedule a new evaluation.

Sincerely,

[Doctor's Signature]
[Doctor's Name, D.C.]
[Clinic Name]