

[Chiropractic Clinic Name]  
[Clinic Address]  
[Phone Number]  
[Email]

[Date]

[Insurance Company Name / Attorney Name]  
[Address]  
[City, State, Zip]

**RE: Notice of Treatment Completion and Final Discharge**

**Patient Name:** [Patient Full Name]  
**Date of Birth:** [DOB]  
**Date of Incident:** [Date of Accident]  
**Claim Number:** [Claim Number]

To Whom It May Concern,

Please be advised that [Patient Name] has completed their chiropractic treatment program at our facility regarding the injuries sustained in the motor vehicle accident/incident referenced above.

The patient was under our care from [Start Date] through [End Date]. During this period, the patient received [List types of treatment, e.g., spinal adjustments, therapeutic exercises, massage therapy].

At the time of discharge, the patient has reached **Maximum Medical Improvement (MMI)**. The clinical findings are as follows:

- **Subjective Complaints:** [Briefly describe remaining symptoms or lack thereof]
- **Objective Findings:** [Briefly describe range of motion or orthopedic test results]
- **Final Prognosis:** [Stable / Guarded / Resolved]
- **Future Care:** [None currently needed / As needed for exacerbations]

Enclosed please find the final treatment records, daily SOAP notes, and the final itemized billing statement for services rendered. Total outstanding charges for this patient are \$[Total Amount].

If you require any further documentation or have questions regarding this file, please contact our office at [Phone Number].

Sincerely,

[Doctor's Signature]

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