

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

Re: Transition to Maintenance Care and Formal Discharge

Dear [Patient Name],

This letter is to formally notify you that you have reached Maximum Medical Improvement (MMI) regarding your recent clinical treatment plan for [Condition/Reason for Treatment]. As of [Date of Last Visit], you are being discharged from active corrective care.

Based on your progress and current functional status, I am recommending a transition to a **Maintenance Care** schedule. Maintenance care is designed to preserve the progress we have achieved, prevent future relapses, and support your long-term spinal health and mobility.

Summary of Care:

- Initial Complaint: [Complaint]
- Treatment Duration: [Start Date] to [End Date]
- Recommended Maintenance Frequency: [e.g., Once per month]

Please note that maintenance visits focus on wellness and prevention. If you experience a new injury or a significant flare-up of symptoms, please notify the office immediately, as a new clinical evaluation may be required.

It has been a pleasure assisting you in your recovery. We look forward to supporting your ongoing health and wellness.

Sincerely,

[Doctor Name], DC
[Clinic Name]
[Phone Number]