

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

[Date]

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

Re: Mutual Agreement for Discharge from Chiropractic Care

Dear [Patient Name],

This letter serves as formal confirmation of our mutual agreement to conclude your chiropractic treatment at [Clinic Name], effective [Date].

Based on our recent evaluation on [Date of Last Visit], we have agreed that:

- You have reached Maximum Medical Improvement (MMI).
- Your initial treatment goals have been successfully met.
- Further clinical intervention is not required at this time.

As discussed, we recommend that you continue with your prescribed home exercise program to maintain your progress. Should you experience a recurrence of symptoms or a new injury in the future, please feel free to contact our office to schedule a re-evaluation.

Your clinical records will remain on file. If you require a copy of your records or wish to have them transferred to another healthcare provider, please submit a written request to our office.

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

Sincerely,

[Doctor's Signature]
[Doctor's Printed Name], DC
[Clinic Name]