

Date: [Date]

Patient Name: [Patient Name]

Date of Birth: [Patient Date of Birth]

Treatment Period: [Start Date] to [End Date]

To: [New Chiropractor Name / To Whom It May Concern]

Dear Colleague,

This letter serves to formally transfer the chiropractic care of [Patient Name] due to their relocation to [New City/State].

Clinical Summary:

The patient originally presented with [Primary Complaint/Diagnosis]. During their time at this clinic, they received [Number] treatments consisting of [Specific Techniques, e.g., Diversified, Activator, Soft Tissue Therapy].

Current Status:

At the time of discharge, the patient has shown [Progress/Improvement]. Their current objective findings include [Brief Range of Motion or Orthopedic notes]. The last adjustment was performed on [Date of Last Visit].

Recommended Plan:

I recommend continued care at a frequency of [Frequency] to maintain spinal stability and address [Specific Ongoing Issues].

Attached to this letter, please find the patient's [X-ray reports, Exam findings, or Treatment notes].

Thank you for continuing this patient's care. Please contact my office at [Phone Number] or [Email] if you require further information.

Sincerely,

[Doctor Name], DC
[Clinic Name]