

Date: [Insert Date]

To: [Recipient Name/Insurance Company]

Address: [Recipient Address]

Re: Acute Pain Management Completion

Patient Name: [Patient First and Last Name]

Date of Birth: [Patient DOB]

Date of Injury/Onset: [Date]

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

Dear [Recipient Name],

This letter serves to formally notify you that [Patient Name] has completed their prescribed course of chiropractic treatment for acute pain management related to [Specify Condition/Area of Pain].

Upon initial presentation, the patient reported symptoms including [List Symptoms]. Following a clinical evaluation, a treatment plan consisting of [List Treatments, e.g., spinal adjustments, soft tissue therapy, therapeutic exercises] was implemented.

Clinical Outcome:

- The patient has reached Maximum Medical Improvement (MMI) for this acute phase.
- Pain levels have decreased from [Initial Scale] to [Final Scale] out of 10.
- Functional mobility and range of motion have returned to [Normal/Baseline] levels.
- The patient has been educated on home stretching and ergonomics to prevent recurrence.

At this time, the patient is discharged from active acute care. No further scheduled visits are required; however, the patient has been advised to return on an as-needed basis should symptoms reappear.

Please find the attached supporting clinical notes and billing statements for your records.

Sincerely,

[Doctor Name, DC]

[Clinic Name]

[Phone Number]

[License Number]