

[Clinic Name]  
[Clinic Address]  
[Phone Number]  
[Date]

To the Parents/Guardians of [Patient Name],

**Subject: Completion of Chiropractic Treatment**

This letter is to formally confirm that [Patient Name] has successfully completed their prescribed course of chiropractic care at our clinic as of [Discharge Date].

**Treatment Summary:**

Since beginning treatment on [Start Date], [Patient Name] was seen for [Condition/Reason for Care]. Through a series of pediatric chiropractic adjustments and [mention any exercises or therapies], we have observed significant improvement in [mention specific progress, e.g., spinal alignment, mobility, or symptom relief].

**Discharge Status:**

The patient has met the established clinical goals. At this time, no further scheduled sessions are required. [Patient Name] is being discharged from active care.

**Home Care and Follow-up:**

To maintain these results, we recommend continuing the following:

- [Recommendation 1, e.g., daily stretching]
- [Recommendation 2, e.g., proper backpack posture]
- Periodic wellness check-ups as needed.

Please do not hesitate to contact our office if you notice any recurrence of symptoms or if you have any questions regarding [Patient Name]'s continued spinal health. It has been a pleasure working with your family.

Sincerely,

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