

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

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

RE: Notice of Maximum Medical Improvement (MMI) and Clinic Discharge

Dear [Patient Name],

This letter is to formally notify you that, based on your recent clinical evaluation on [Date of Last Exam], you have reached Maximum Medical Improvement (MMI) regarding your injury/condition dated [Date of Injury].

Maximum Medical Improvement means that your condition has stabilized and further curative medical treatment is not expected to result in significant functional improvement. As a result, you are being discharged from active care at our clinic effective [Discharge Date].

Final Clinical Assessment:

- **Permanent Impairment Rating:** [Insert Rating % or "None"]
- **Work Status:** [e.g., Released to full duty / Released with permanent restrictions]
- **Permanent Restrictions:** [List restrictions or "No permanent restrictions"]

Future Care:

While you are discharged from active treatment, we recommend the following maintenance or home-based care: [Insert recommendations]. If you experience a significant change in your condition or a new injury, please contact your primary care physician or seek a new referral.

Your final medical reports and MMI certification have been forwarded to [Insurance Carrier/Employer/Legal Counsel].

We wish you the best in your continued recovery.

Sincerely,

[Physician Signature]
[Physician Name, Title]
[Clinic Name]