[Physician Name]
[Clinic/Hospital Name]
[Department]
[Date]

RE: OFFICIAL WARNING - FAILURE TO PROVIDE POST-OPERATIVE CARE

Dear [Physician Name],

This letter serves as a formal warning regarding your failure to provide required post-operative care for [Patient Name/Case Number] on [Date].

It has been documented that the following standard protocols were not met:

- Failure to conduct scheduled post-surgical rounds.
- Incomplete post-operative orders in the electronic health record.
- Lack of timely communication with the nursing staff regarding recovery monitoring.

Failure to provide adequate follow-up care poses a significant risk to patient safety and is a violation of hospital bylaws and clinical standards. Compliance with post-operative monitoring is mandatory to prevent complications such as infection, hemorrhage, or adverse reactions.

You are required to meet with the Department Chair on [Date] at [Time] to discuss this incident. Further occurrences of negligence regarding patient follow-up may result in the suspension of surgical privileges or further disciplinary action.

Please sign below to acknowledge receipt of this warning.

Sincerely,

[Your Name/Chief of Staff]
[Title]

_____
Physician Signature / Date