[Doctor Name/Medical Facility Name]
[Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

RE: Notice of Post-Operative Treatment Non-Compliance

Dear [Patient Name],

Our records indicate that you have not been following the post-operative treatment plan established following your surgery on [Date of Surgery]. Specifically, [mention missed appointments, failure to take medication, or failure to follow physical restrictions].

Your adherence to these instructions is critical for proper healing and to prevent serious complications such as infection, permanent injury, or surgical failure. Failure to follow the prescribed regimen significantly increases your health risks.

To ensure your safety and recovery, you must immediately:

- [Action Step 1: e.g., Schedule a follow-up appointment]
- [Action Step 2: e.g., Resume medication as prescribed]
- [Action Step 3: e.g., Comply with activity restrictions]

Please contact our office at [Phone Number] within [Time Frame, e.g., 24 hours] to confirm you are back on track with your recovery plan. If you choose not to follow our medical advice, we may be unable to continue providing you with care, and you will be assuming all risks associated with non-compliance.

Sincerely,

[Doctor Signature]
[Doctor Name]
[Medical Title]