

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient Address: [Insert Patient Address]

Subject: Formal Warning Regarding Patient-Provider Relationship

Dear [Patient Name],

This letter serves as a formal warning regarding your continued care at [Clinic Name]. It has come to our attention that there have been issues regarding [mention specific issue: e.g., repeated missed appointments, non-compliance with medical advice, or disruptive behavior].

To ensure the safety and health of both you and your baby, a consistent and cooperative relationship between patient and provider is essential. The following actions must be taken to remain a patient at this clinic:

- [Insert Requirement 1, e.g., Attend all scheduled prenatal exams]
- [Insert Requirement 2, e.g., Comply with prescribed blood pressure monitoring]
- [Insert Requirement 3, e.g., Adhere to the clinic's code of conduct]

Please be advised that if these issues persist, we will be forced to formally discharge you from our practice. In the event of a discharge, we will provide you with 30 days of emergency care and assistance in transferring your medical records to a new provider.

We value your health and wish to continue providing you with maternity care. Please contact our office at [Phone Number] to discuss this matter or to confirm your next appointment.

Sincerely,

[Doctor/Administrator Name]

[Clinic Name]

[Phone Number]