Date: [Insert Date]

Recipient Name: [Insert Patient/Staff Name]
Address: [Insert Address]
ID Number: [Insert ID Number, if applicable]

Subject: FORMAL WARNING - CLINIC POLICY VIOLATION

Dear [Insert Name],

This letter serves as a formal warning regarding a violation of [Insert Clinic Name] policies that occurred on [Insert Date].

Description of Violation:
[Provide a detailed description of the incident, e.g., missed appointments, disruptive behavior, breach of confidentiality, or non-compliance with safety protocols.]

Policy Reference:
This conduct is in direct violation of our [Insert Specific Policy Name, e.g., Patient Code of Conduct / Attendance Policy], which states: "[Insert brief quote or summary of the policy]."

Required Actions:
To maintain your standing with our clinic, we require the following:
- [Requirement 1, e.g., Adherence to the 24-hour cancellation rule]
- [Requirement 2, e.g., Professional conduct toward staff and other patients]

Please be advised that further violations of clinic policy may result in additional disciplinary actions, which may include discharge from our practice or termination of services.

If you have any questions regarding this notice or wish to discuss this matter further, please contact our administration office at [Insert Phone Number].

Sincerely,

[Signature]
[Print Name]
[Title/Position]
[Clinic Name]