

# Dietary Restrictions Notification

Date: [Insert Date]

To Whom It May Concern,

This letter is to inform you of my dietary restrictions prior to my upcoming surgery scheduled for [insert date of surgery]. Please ensure that the following restrictions are observed:

- No solid food after [insert time, e.g., midnight the night before]
- Clear liquids only until [insert time, e.g., 2 hours before surgery]
- Avoid caffeine and alcohol for [insert duration, e.g., 24 hours before surgery]
- Please take note of any food allergies: [insert any allergies]

It is essential that these guidelines are followed to ensure my safety during the surgical procedure. Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Contact Information]