

Request for Low-Sodium Diet

Date: [Insert Date]

To Whom It May Concern,

I am writing to request a low-sodium diet for my upcoming stay at [Hospital Name]. As per my doctor's recommendation due to my medical condition, it is essential that my meals are prepared with low sodium content.

My specific requirements include:

- No added salt in meals
- Use of herbs and spices for flavoring
- Fresh produce and whole foods

Please let me know if you require any further information or documentation from my healthcare provider to facilitate this request.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Contact Information]

[Your Patient ID or Room Number if applicable]