

Activity Restriction Notification

Date: [Insert Date]

To Whom It May Concern,

This letter is to inform you about the activity restrictions for [Patient's Name], who was recently discharged from [Hospital Name] on [Discharge Date].

Activity Restrictions:

- No heavy lifting (more than [X] pounds) for [Y] weeks.
- Avoid strenuous physical activities such as running or jumping for [Y] weeks.
- Limit walking distance to [X] miles/km until [Date].
- No driving for [Y] weeks.
- Follow-up appointments should be scheduled on [Dates].

Reason for Restrictions:

[Brief explanation of the medical condition that necessitates restrictions]

Contact Information:

If you have any questions regarding these restrictions, please contact [Doctor's Name] at [Doctor's Contact Information].

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Title]

[Hospital/Organization Name]

[Contact Information]