

Medical Diet Accommodation Request

Date: [Insert Date]

To Whom It May Concern,

I am writing to formally request medical diet accommodations for [Patient's Name], who is under my care. Due to [specific diagnosis or condition], it is essential that [he/she/they] follows a strict diet to manage [his/her/their] health effectively.

Details of the required diet include:

- Specific foods to include: [List foods]
- Foods to avoid: [List foods]
- Any additional dietary restrictions or considerations: [Specify]

It is vital for [Patient's Name] to adhere to these dietary requirements to prevent [specific health risks or complications]. I appreciate your cooperation in accommodating [his/her/their] needs.

Please feel free to contact me at [Your Phone Number] or [Your Email] if you have any questions or need further information.

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Title]

[Your Institution/Organization]

[Contact Information]