

# Activity Limitations Notification

Date: [Insert Date]

To Whom It May Concern,

This letter is to inform you that [Patient's Name], who underwent oral surgery on [Surgery Date], has specific activity limitations as part of their recovery process. The following restrictions are recommended:

- Avoid strenuous physical activities for at least [number of days/weeks].
- No heavy lifting (over [weight, if applicable]) for [number of days/weeks].
- Refrain from participation in sports or exercise that may put strain on the jaw for [number of days/weeks].
- Follow a soft diet and avoid hot liquids for [number of days/weeks].

Please ensure these limitations are respected to promote proper healing.

If you have any questions, feel free to contact my office at [Phone Number].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Practice Name]

[Contact Information]