

Dietary Restriction Verification

Date: [Insert Date]

To Whom It May Concern,

This letter is to verify that [Client's Name], [Client's Date of Birth], has specific dietary restrictions that must be adhered to for their health and well-being. The following restrictions have been identified:

- [Restriction 1]
- [Restriction 2]
- [Restriction 3]

It is essential that these dietary restrictions are taken into account to ensure the client's safety and health. If you have any questions or require further information, please feel free to contact me at [Your Contact Information].

Sincerely,

[Your Name]
[Your Title]
[Your Organization]
[Contact Information]