

Dietary Restrictions Notification

Date: [Insert Date]

To Whom It May Concern,

I am writing to inform you about my dietary restrictions prior to my upcoming surgery scheduled for [Insert Date of Surgery]. It is important that these restrictions are communicated and adhered to for my safety and well-being.

My dietary restrictions are as follows:

- No solid foods after [Insert Time] on [Insert Date]
- Clear liquids only after [Insert Time] on [Insert Date]
- Avoid dairy products two days before surgery
- Allergies: [List any allergies, e.g., peanuts, shellfish]

Please ensure that all required medical personnel are aware of these dietary restrictions. Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Contact Information]