

# Dietary Restrictions and Substitutions Notification

Date: **[Insert Date]**

Patient Name: **[Insert Patient Name]**

Patient ID: **[Insert Patient ID]**

**Dear [Healthcare Provider/Chef/Staff],**

This letter serves to inform you of my dietary restrictions and necessary substitutions based on my health conditions. Please take these into consideration when preparing meals.

## **Dietary Restrictions:**

- Allergic to: **[List allergens, e.g., peanuts, shellfish]**
- Gluten intolerant
- Diabetic - low sugar required
- Other: **[Specify any other restrictions]**

## **Substitutions Recommended:**

- Instead of bread, please use: **[e.g., gluten-free bread]**
- Replace sugar with: **[e.g., stevia, agave]**
- Use alternative proteins: **[e.g., chicken instead of beef]**
- Other: **[List any other substitutions]**

Thank you for your attention to my dietary needs. I appreciate your understanding and support in maintaining my health.

Sincerely,

**[Your Name]**

**[Your Contact Information]**