

Dietary Request Confirmation

Date: [Insert Date]

Dear [Recipient's Name],

We are pleased to confirm the receipt of your dietary request for low-sodium meals. Your health and well-being are our top priorities, and we are committed to accommodating your nutritional needs.

Your low-sodium meal plan will be implemented starting on [Insert Start Date], and will continue for the duration of your stay. If you have any further preferences or requirements, please do not hesitate to reach out.

Thank you for choosing our services. We look forward to serving you!

Sincerely,

[Your Name]

[Your Position]

[Your Contact Information]