

Diabetic Care Plan Alterations

Date: [Insert Date]

To: [Insert Healthcare Provider's Name]

From: [Insert Your Name]

Subject: Dietary Needs Alteration for Diabetic Care Plan

Dear [Healthcare Provider's Name],

I am writing to request alterations to my current diabetic care plan regarding my dietary needs. After a recent assessment of my blood sugar levels and overall health, I believe that certain adjustments need to be made to better manage my condition.

Current Dietary Plan:

- [Insert current dietary restriction/meal plan]
- [Insert current carbohydrate intake]

Proposed Changes:

- [Insert proposed dietary change 1]
- [Insert proposed dietary change 2]

I believe these changes will enhance my ability to maintain balanced blood sugar levels and improve my overall health. I would appreciate your guidance on implementing these adjustments.

Thank you for considering my request. I look forward to your response.

Sincerely,

[Your Name]

[Your Contact Information]

[Your Patient ID (if applicable)]