Date: [Date]

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Patient ID: [ID Number]

Dear [Patient Name],

This letter confirms your formal discharge from the dietary transition program at [Clinic Name]. Based on your final evaluation on [Date], you have successfully met the initial goals of your prescribed nutritional plan.

Summary of Dietary Transition:

- **Previous Diet:** [Previous Diet Type]
- **Current Transitioned Diet:** [New Diet Type]
- **Reason for Transition:** [Diagnosis/Medical Reason]

Maintenance Guidelines:

[Insert specific instructions regarding caloric intake, macronutrient balance, or restricted foods here.]

Medication and Supplement Adjustments:

[List any changes to supplements or medications related to this diet.]

Follow-Up Care:

You are advised to schedule a follow-up appointment with [Doctor/Nutritionist Name] in [Number] months to monitor your progress. Please contact our office immediately if you experience [List red-flag symptoms].

We commend your commitment to improving your health through these dietary changes.

Sincerely,

[Provider Signature]
[Provider Name and Title]
[Clinic Name]
[Phone Number]