

[Practice Name]
[Practice Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Dear [Patient Name],

I hope you are recovering well following your recent procedure on [Date of Procedure]. This letter serves as a follow-up to provide specific dietary and nutritional guidance to support your healing process and long-term health.

Immediate Dietary Requirements:

For the next [Number] days, please follow a [Type of Diet, e.g., Clear Liquid / Soft Food] diet. Focus on the following items:

- [Specific Food/Drink 1]
- [Specific Food/Drink 2]
- [Specific Food/Drink 3]

Nutritional Goals:

To promote tissue repair and energy levels, we recommend prioritizing:

- **Hydration:** Aim for [Number] ounces of water daily.
- **Protein:** Incorporate lean proteins such as [Examples] to aid muscle recovery.
- **Vitamins:** Ensure adequate intake of Vitamin C and Zinc as discussed.

Foods to Avoid:

Please refrain from consuming the following until [Date or Milestone]:

- [Restricted Food/Drink 1]
- [Restricted Food/Drink 2]

Warning Signs:

Contact our office immediately if you experience persistent nausea, inability to keep liquids down, or severe abdominal pain.

We will review your progress during your next appointment on [Follow-up Date]. If you have any questions regarding these instructions, please call us at [Phone Number].

Sincerely,

[Provider Name]
[Title/Credentials]