

[Date]

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

Dear [Patient Name],

This letter is to provide formal support and documentation for your prescribed lifestyle and dietary management plan. Following our recent consultation on [Date], we have established these changes as a necessary component of your medical treatment for [Condition Name].

**Prescribed Dietary Guidelines:**

- [Specific Diet Type, e.g., Low Sodium, Gluten-Free, Diabetic Diet]
- Recommended daily caloric intake: [Number] calories
- Foods to emphasize: [List foods]
- Foods to restrict or avoid: [List foods]

**Lifestyle and Physical Activity Recommendations:**

- Exercise frequency: [Number] days per week
- Exercise duration and type: [Details]
- Additional goals: [e.g., Sleep hygiene, stress management, smoking cessation]

Adhering to these modifications is essential to improve your clinical outcomes, manage symptoms, and prevent potential complications. We understand that lifestyle transitions can be challenging, and we are committed to supporting you through this process.

If you require a referral to a registered dietitian or a health coach to assist with these transitions, please let our office know. We will review your progress during your next follow-up appointment on [Date].

Sincerely,

[Provider Signature]  
[Provider Name, Title]  
[Clinic/Facility Name]  
[Phone Number]