

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert ID Number]

Date of Birth: [Insert DOB]

Dear [Insert Patient Name],

This letter provides an update to your personalized dietary plan based on our most recent consultation on [Insert Date]. Below are the modifications to your nutritional intake and the specific goals we are tracking for the upcoming period.

1. Dietary Plan Modifications

- **Current Adjustment:** [e.g., Increasing daily protein intake / Reducing sodium]
- **Food Additions:** [List specific foods to include]
- **Food Restrictions:** [List specific foods to limit or avoid]
- **Caloric Target:** [Insert daily calorie goal] kcal per day.

2. Goal Tracking

We will monitor the following metrics to evaluate your progress:

- **Primary Goal:** [e.g., Weight management / Blood sugar stabilization]
- **Current Metric:** [Insert starting weight, BMI, or lab value]
- **Target Metric:** [Insert target value to reach by next review]
- **Target Date:** [Insert Date]

3. Action Plan

[Insert specific instructions, such as meal prepping, water intake requirements, or exercise frequency].

Please maintain your food log and bring it to our next appointment scheduled for [Insert Next Appointment Date]. If you experience any difficulties with these adjustments, please contact the office immediately.

Sincerely,

[Provider Signature]

[Provider Name and Title]

[Clinic/Facility Name]