

**MEMORANDUM FOR NUTRITIONAL CARE PLAN AFTER DISCHARGE
(For Primary Care Doctors)**

Date:

To: Patient/Family/Caregiver

This patient [patient name], with NRIC [NRIC number], is [at risk of malnutrition / malnourished] and has been recommended the following nutritional care plan:

Recommended Nutritional Plan
1.
2.
3.
4.
5.
6.

The patient will be reviewed on [date and time] at [clinic location]

[Dietitian Name]
Nutrition & Dietetics Department
[Hospital]
[Contact number]
[Email address]