

Authorization Letter for Health Device Enrollment

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], residing at [Your Address], hereby authorize [Healthcare Practitioner's Name], [Title/Position] at [Healthcare Facility/Organization Name], to enroll me in the [Name of Health Device/Program].

This authorization includes the provision of necessary medical information and consent for the use of the health device for health monitoring and management purposes. I understand that all data obtained from the device will be treated confidentially and used in accordance with privacy regulations.

Please feel free to contact me at [Your Phone Number] or [Your Email] should you require any further information.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]