

# Confirmation Request for Health Device Registration

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Provider's Name]

[Provider's Address]

[City, State, Zip Code]

Dear [Provider's Name],

I hope this message finds you well. I am writing to request confirmation regarding the registration of my health device, [Device Name], which I submitted on [Submission Date].

For your reference, here are the details of the submission:

- Device Type: [Device Type]
- Serial Number: [Serial Number]
- Date of Purchase: [Date of Purchase]

Could you please confirm the status of the registration at your earliest convenience? Thank you for your assistance.

Sincerely,

[Your Name]