

Consent to Register Personal Health Tracking Devices

Date: _____

To: [Physician's Name]

[Physician's Office Name]

[Address]

[City, State, Zip Code]

Dear [Physician's Name],

I, [Your Full Name], born on [Your Date of Birth], am writing to provide my consent to register my personal health tracking devices with you.

I understand that these devices will help in monitoring my health and informing you of relevant health data pertinent to my care and treatment.

Device Details:

- Device Name: _____
- Manufacturer: _____
- Model Number: _____
- Serial Number: _____

By signing this letter, I agree to share the data collected from my health tracking devices with your office for ongoing health assessments and decisions.

Thank you for your attention.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Information]