

Personal Health Device Registration

Date: [Insert Date]

To: [Provider's Name]

[Provider's Address]

Dear [Provider's Name],

I am writing to provide the necessary information for the registration of my personal health devices as I understand that this is important for optimizing my healthcare experience.

Device Information

- Device Name: [Insert Device Name]
- Model Number: [Insert Model Number]
- Serial Number: [Insert Serial Number]
- Purchase Date: [Insert Purchase Date]

User Information

- Full Name: [Insert Your Full Name]
- Date of Birth: [Insert Your Date of Birth]
- Contact Number: [Insert Your Contact Number]
- Email Address: [Insert Your Email Address]
- Address: [Insert Your Address]

I authorize [Provider's Name] to collect and use this information to facilitate the effective monitoring of my health via the mentioned devices.

Thank you for your attention to this matter. Please feel free to contact me if you require any further information.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]