



Heart Sound Recorder Consent Form

I give this practitioner permission to record my graph on the Heart Sound Records (a general wellness cardiac stress monitor). I understand that any suggested nutritional or dietary advice is not intended as treatment for any disease or symptom. Nutritional counseling, supplement recommendations, and exercise considerations are provided to support the physiological processes of the body. I am giving permission to the practitioner to share my graph with other practitioners for educational purposes only (my name and other personal information will be removed).

By signing below, I agree to the above.

Printed Name

Signature

Date