



Heart Sound Recorder Consent Form

I give consent to record the sound of my heart and to create a graph of that sound on the Heart Sound Recorder -- a Low Risk General Wellness Cardiac Stress Monitor as defined by the US Food and Drug Administration (FDA).

I have been informed and understand that the Heart Sound Recorder is not an electrocardiograph and is not capable of diagnosing heart conditions and is not in any way a substitute for such a device.

I further understand that the Heart Sound Recorder has not been evaluated or approved by the FDA as a medical device. I understand that if I have or believe I have a heart condition, that I should see a physician qualified to evaluate and treat that condition.

Any suggested nutritional or dietary advice is not intended as treatment or therapy for any disease or symptom of disease. Nutritional counseling, supplement recommendations, and exercise considerations provided to me are to support the normal physiological processes of the body.

I understand that any techniques, treatments, or lifestyle changes suggested after the use of this device should be undertaken only with the guidance of a physician, therapist, or healthcare practitioner.

The findings from this device can be used to support but should not be used in place of sound medical therapies and recommendations.

I am giving permission to share my graph with other practitioners for educational purposes only, so long as my name and other personal information are removed.

By signing below, I agree to the above.

Signature: _____

Print Name: _____

Date: _____