

NEW PATIENT WELCOME FORM

Name Lana Adair

Signature



Date Friday, November 17, 2023

Time 01:00 PM

AGREEMENT AS TO RESOLUTION OF CONCERNS

"Provider" shall be understood to mean Dr. Jaime Schwartz

Name Lana Adair

Signature



Date Friday, November 17, 2023

Time 01:00 PM

PRIVACY PRACTICES

ACKNOWLEDGEMENT OF PRIVACY PRACTICES

Name Lana Adair

Signature



Date Friday, November 17, 2023

Time 01:00 PM

FINANCIAL POLICIES

Name Lana Adair

Signature



Date

Friday, November 17, 2023

Time

01:04 PM

CONSENT FOR EMAIL/TEXT COMMUNICATIONS

"Provider" shall be understood to mean Dr. Jaime Schwartz, Dr. Karen Herbst, Total Lipedema Care and Staff.

Name

Lana Adair

Signature



Date

Friday, November 17, 2023

Time

01:04 PM