

NEW PATIENT WELCOME FORM

Name Azra Altindere

Signature



Date Tuesday, January 23, 2024

Time 09:51 PM

AGREEMENT AS TO RESOLUTION OF CONCERNS

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

Name Azra Altindere

Signature



Date Tuesday, January 23, 2024

Time 09:53 PM

PRIVACY PRACTICES

ACKNOWLEDGEMENT OF PRIVACY PRACTICES

Name Azra Altindere

Signature



Date Tuesday, January 23, 2024

Time 09:57 PM

FINANCIAL POLICIES

Name Azra Altindere

Signature



Date

Tuesday, January 23, 2024

Time

09:58 PM

CONSENT FOR EMAIL/TEXT COMMUNICATIONS

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

Name

Azra Altindere

Signature



Date

Tuesday, January 23, 2024

Time

10:00 PM