

NEW PATIENT WELCOME FORM

Name Andrea Armstrong

Signature



Date Monday, January 8, 2024

Time 08:35 AM

AGREEMENT AS TO RESOLUTION OF CONCERNS

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

Name Andrea Armstrong

Signature



Date Monday, January 8, 2024

Time 08:36 AM

PRIVACY PRACTICES

ACKNOWLEDGEMENT OF PRIVACY PRACTICES

Name Andrea Armstrong

Signature



Date Monday, January 8, 2024

Time 08:40 AM

FINANCIAL POLICIES

Name Andrea Armstrong

Signature



Date

Monday, January 8, 2024

Time

08:42 AM

CONSENT FOR EMAIL/TEXT COMMUNICATIONS

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

Name

Andrea Armstrong

Signature



Date

Monday, January 8, 2024

Time

08:43 AM