

## NEW PATIENT WELCOME FORM

**Name** Miriam Bair

**Signature**



**Date** Wednesday, November 29, 2023

**Time** 10:21 AM

## AGREEMENT AS TO RESOLUTION OF CONCERNS

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

**Name** Miriam Bair

**Signature**



**Date** Wednesday, November 29, 2023

**Time** 10:22 AM

## PRIVACY PRACTICES

## ACKNOWLEDGEMENT OF PRIVACY PRACTICES

**Name** Miriam Bair

**Signature**



**Date** Wednesday, November 29, 2023

**Time** 10:29 AM

## FINANCIAL POLICIES

**Name** Miriam Bair

**Signature**



**Date**

Wednesday, November 29, 2023

**Time**

10:30 AM

## **CONSENT FOR EMAIL/TEXT COMMUNICATIONS**

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

**Name**

Miriam Bair

**Signature**



**Date**

Wednesday, November 29, 2023

**Time**

10:32 AM