


NEW PATIENT WELCOME FORM

Name Anna Behrman

Signature 


Date Monday, November 27, 2023

Time 10:43 AM

AGREEMENT AS TO RESOLUTION OF CONCERNS

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

Name Anna Behrman

Signature 


Date Monday, November 27, 2023

Time 10:43 AM

PRIVACY PRACTICES

ACKNOWLEDGEMENT OF PRIVACY PRACTICES

Name Anna Behrman

Signature 

Date Monday, November 27, 2023

Time 10:43 AM

FINANCIAL POLICIES

Name Anna Behrman

Signature



Date

Monday, November 27, 2023

Time

10:43 AM

CONSENT FOR EMAIL/TEXT COMMUNICATIONS

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

Name

Anna Behrman

Signature



Date

Monday, November 27, 2023

Time

10:43 AM