



TOTAL
LIPDEMA
CARE

Authorization For Release of Records

Patient Name: Jamie Bloodsworth

Date of Birth: 09/30/1955

Records Needed:

- ☒ Medical
☐ Financial
☐ All

Release Records To:

- ☐ Patient
☐ Patient Authorized Party:
☒ Patient Authorized Doctor:
☐ Dr. Jaime S. Schwartz MD FACS
☐ Dr. Karen Herbst MD PhD
☐ Other: Dr Danielle Stramandi
143 W Sunset Rd, Suite 100
San Antonio, Tx 78209...

Signed at:
2023-09-22 17:59:20

Signature of Patient or Authorized Party

09/22/2023

Date

Total Lipedema Care
240 South La Cienega Blvd. Suite 200
Beverly Hills, CA 90211
Phone: **(310) 882-5454**
Fax: **(310) 747-5908**