



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 Karla Avila Dr Karla Avila

Signed at:
2023-10-27 10:20:43

Signature of Patient or Authorized Party

10/27/2023

Date

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