



Thomas F. Wright, MD FACP FACPh RVT

Lakeview Medical Group

1630 Market Center Blvd, Suite 201

O'Fallon, MO 63368

PH: 636-397-4012 FX: 636-278-1670

FAX

Date: 03/11/2024

To: Total Lipedema Care

Fax: 310-747-5908

From: Sara Laposa

Pages: 2 (Including Cover Sheet)

RE:

Patient: Stephanie Brakefield **DOB:** 07/17/1963

Please see the attached signed medical records release. Requested records may be faxed to (636) 278-1670 with **ATTENTION: Sara Laposa** or e-mailed to SaraLaposa@WrightVein.org.

Thank you,

Sara Laposa | Laser Lipo & Vein Center

1630 Market Center Drive

Suite 201

O'Fallon, MO 63368

Phone: (636) 397-4012 ext. 20

Fax: (636) 278-1670

E-mail: SaraLaposa@WrightVein.org

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Thank you - Lakeview Medical Group Inc.



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AUTHORIZATION FOR MEDICAL RECORDS

I, Stephanie Brakefield hereby authorize:
(Patient Name)

Physician/Clinic/Facility
Name:

Total Lipedema Care - Dr. Karen Herbst
and Dr. Jaime Schwartz

Address:

Tucson, AZ + Beverly Hills, CA

Phone Number:

310-882-5454

Fax Number:

310-747-5908

To release all of my medical records to Dr. Thomas Wright, MD including: EKG, lab, ultrasound, x-ray reports, diagnostic testing results, consultation and specialist notes, office visit notes, immunization records, and unless specifically specified, information regarding alcohol, drug, or substance abuse, mental health matters, and information regarding HIV/AIDS testing and/or treatment.

Patient Name:

Stephanie Hendrix Brakefield

Patient DOB:

07/17/1963

From Date:

First DOS

Through Date:

Present

Other Specific Instructions and/or Restrictions: Requesting consult and
follow-up notes, diagnostic testing, treatment notes from
both providers.

Patient Signature:

Witness:

[Signature]
[Signature]

Date:

3-11-24

Date:

03/11/2024