

NEW PATIENT WELCOME FORM

Name Paula Bramlett

Signature



Date Thursday, January 4, 2024

Time 03:16 PM

AGREEMENT AS TO RESOLUTION OF CONCERNS

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

Name Paula Bramlett

Signature



Date Thursday, January 4, 2024

Time 03:16 PM

PRIVACY PRACTICES

ACKNOWLEDGEMENT OF PRIVACY PRACTICES

Name Paula Bramlett

Signature



Date Thursday, January 4, 2024

Time 03:17 PM

FINANCIAL POLICIES

Name Paula Bramlett

Signature



Date

Thursday, January 4, 2024

Time

03:18 PM

CONSENT FOR EMAIL/TEXT COMMUNICATIONS

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

Name

Paula Bramlett

Signature



Date

Thursday, January 4, 2024

Time

03:19 PM