

NEW PATIENT WELCOME FORM

Name Kathryn Brown

Signature



Date Wednesday, August 23, 2023

Time 05:28 PM

AGREEMENT AS TO RESOLUTION OF CONCERNS

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

Name Kathryn Brown

Signature



Date Wednesday, August 23, 2023

Time 05:29 PM

PRIVACY PRACTICES

ACKNOWLEDGEMENT OF PRIVACY PRACTICES

Name Kathryn Brown

Signature



Date Wednesday, August 23, 2023

Time 05:31 PM

FINANCIAL POLICIES

Name Kathryn Brown

Signature



Date

Wednesday, August 23, 2023

Time

05:31 PM

CONSENT FOR EMAIL/TEXT COMMUNICATIONS

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

Name

Kathryn Brown

Signature



Date

Wednesday, August 23, 2023

Time

05:32 PM