

NEW PATIENT WELCOME FORM

Name Lindsey Carver

Signature



Date Wednesday, October 25, 2023

Time 09:23 PM

AGREEMENT AS TO RESOLUTION OF CONCERNS

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

Name Lindsey Carver

Signature



Date Wednesday, October 25, 2023

Time 09:25 PM

PRIVACY PRACTICES

ACKNOWLEDGEMENT OF PRIVACY PRACTICES

Name Lindsey Carver

Signature



Date Wednesday, October 25, 2023

Time 09:39 PM

FINANCIAL POLICIES

Name Lindsey Carver

Signature



Date

Wednesday, October 25, 2023

Time

09:42 PM

CONSENT FOR EMAIL/TEXT COMMUNICATIONS

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

Name

Lindsey Carver

Signature



Date

Wednesday, October 25, 2023

Time

09:44 PM