

NEW PATIENT WELCOME FORM

Name Cheryl Thomas

Signature



Date Thursday, October 19, 2023

Time 10:31 AM

AGREEMENT AS TO RESOLUTION OF CONCERNS

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

Name Cheryl Thomas

Signature



Date Thursday, October 19, 2023

Time 10:31 AM

PRIVACY PRACTICES

ACKNOWLEDGEMENT OF PRIVACY PRACTICES

Name Cheryl Thomas

Signature



Date Thursday, October 19, 2023

Time 10:33 AM

FINANCIAL POLICIES

Name Cheryl Thomas

Signature



Date

Thursday, October 19, 2023

Time

10:35 AM

CONSENT FOR EMAIL/TEXT COMMUNICATIONS

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

Name

Cheryl Thomas

Signature



Date

Thursday, October 19, 2023

Time

10:36 AM