STATE OF §
§
COUNTY OF §

MEDICAL RECORDS AFFIDAVIT

Before me, the undersigned authority, personally appeared the affiant, and who, being by me duly sworn, deposed as follows:

My name is _____, I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

I am the custodian of the records of_____ . Attached hereto are _____ pages of records from _____ . These_____ pages are records are kept by .

That I have personally reviewed these records on this date and certify that I personally identify these records as being correct that I, or this business, kept these records in the regular course of business, and as an employee or representative of the heretofore mentioned business, with knowledge of the act, event, condition, opinion, or diagnosis recorded, to make the record or to transmit information thereof to be included in such records; and the record was made at or near the time of act, event, condition, opinion or diagnosis. The records attached hereto are the original or exact duplicates of the original.

_____
Affiant

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal, this _____ day of _____, 20_____.

_____
NOTARY PUBLIC

My commission expires:_____