

VIRGINIA:

IN THE _____ COURT

_____)
Plaintiff))
vs.) Case No. _____)
_____)
Defendant)

Affidavit of Medical Reports or Records

Pursuant to Section 16.1-88.2 Code of Virginia

1. I, _____, custodian, or supervisor of the custodian,
of records for _____
Hospital or Medical Facility

_____.
located at _____.

2. I have reviewed, or had reviewed, the medical records for _____

Name and Identifying Data of Patient and Records

Date of Records

3. To the best of my knowledge, the information contained in the attached report
is true and accurate and fully descriptive as to the nature and extent of the injury.

4. To be best of my knowledge, any statement of costs contained in the report is
true and accurate.

I affirm under penalty of perjury that this information is correct.

Affiant's Signature

State of _____,

City/County of _____ to wit:

Subscribed and sworn to before me this _____.

CLERK / NOTARY PUBLIC (CERT. NO. _____)

MY COMMISSION EXPIRES _____

Attached **[Medical Report or Records]**