Print

Clear Form

V I R G I N I A:

IN THE _____ COURT

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

Affidavit of Medical Reports or Records

Pursuant to Section 16.1-88.2 Code of Virginia

You must provide a copy of this affidavit and the medical reports or records to the opposing party or his/her attorney 10 days or more before the trial.

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.

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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 _____ Va. Registration No. _____

Attached **Medical Report or Records**

Certificate of Service

I certify that a true copy of the above Affidavit of Medical Reports or Records was mailed first class, postage prepaid, on _____ to

_____.

_____
Signature

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