

STATE OF TEXAS

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COUNTY OF _____

AFFIDAVIT OF MEDICAL RECORDS

Before me, the undersigned authority, personally appeared _____, who, being 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 records for _____, attached hereto are _____ pages of medical records. These said pages are kept in the regular course of business, and it was in the regular course for an employee or representative of _____, with knowledge of the act, event, condition, or diagnosis, recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time or reasonable soon thereafter.

The records attached hereto are originals or exact duplicates of originals and nothing has been removed from the original files before making copies.

Custodian of Records

SWORN TO AND SUBSCRIBED before me on the _____ day of _____, 20____.

NOTARY PUBLIC, STATE OF _____.

My Commission Expires: _____