

CERTIFICATE OF AUTHENTICITY OF MEDICAL RECORDS

I, _____, an employee of _____
in _____, _____, hereby certify that the medical records attached
hereto are true and correct copies of the entire medical records of
_____ 's admission to _____
on the ____ day of _____, 20____.

WITNESS MY SIGNATURE, this the ____ day of _____, A.D., 20____.
