

CERTIFICATION

Pursuant to Section 4518 of the CPLR: This is to certify that, to the best of my knowledge, the attached is an exact copy of the original medical record that I have in my custody and control.

The medical records were made and kept in the regular course of business of the hospital; and it is the regular course of the business of the hospital to make such medical records.

Patient name: _____

Date(s) of service: _____

Signature/Printed name

Date signed