

BEFORE THE MISSISSIPPI WORKERS' COMPENSATION COMMISSION

MWCC NO. _____

CLAIMANT

VS.

EMPLOYER

AND

CARRIER

MEDICAL RECORDS AFFIDAVIT

STATE OF _____

COUNTY OF _____

Personally appeared before me, the undersigned authority in and for said jurisdiction, _____, M.D. (or, alternatively, _____, medical records custodian), who, upon his/her oath, stated that the attached records are a true and correct copy of the medical records relating to the examination, evaluation, and/or treatment of the above-named claimant as generated in the regular course of the medical practice of _____, M.D.

Name of Affiant

SWORN to and subscribed before me, this the _____ day of _____, _____.

Notary Public

My commission expires:

Physician's name
Specialty of practice
Address
Telephone number

This affidavit was prepared by:
Attorney's name
Mississippi Bar identification number
Address
Telephone number