BEFORE THE MISSISSIPPI WORKERS' COMPENSATION COMMISSION

MWCC NO	
	CLAIMANT
VS.	
	EMPLOYER
AND	
	CARRIER
MEDICAL RECORDS A	<u>AFFIDAVIT</u>
STATE OF	
COUNTY OF	
Personally appeared before me, the undersigned a	
, M.D. (or, alternatively,	, medical records
custodian), who, upon his/her oath, stated that the attach	ned records are a true and correct copy of
the medical records relating to the examination, evaluation	on, and/or treatment of the above-named
claimant as generated in the regular course of the medica	al 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	

MWCC Form - Medical Records Affidavit (1993) (File original only)