

COMMONWEALTH OF VIRGINIA

COUNTY OF _____

AFFIDAVIT

Before me, the undersigned authority, personally appeared _____
who, being by me 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 the records of EVMS Medical Group.

Attached hereto are _____ pages of records from
_____.

These _____ pages of records are kept by EVMS Medical Group in the regular course of
business, and it was the regular course of business of EVMS Medical Group for an
employee or representative of EVMS Medical Group with knowledge of the act, event,
condition, opinion, or diagnosis record to make the record transmit information thereof
to be included in such record.

The record was made at or near the time of the act, event, condition, opinion or diagnosis.

The records attached hereto are the original or exact duplicates of the original.

Further the affiant sayeth not.

Affiant

In witness whereof I have hereunto subscribed my name and affixed my official seal this

_____ date of _____, 20_____.

Notary