

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF VIRGINIA

NAME :
Plaintiff, :
 :
v. : CASE NO.: 000000000000
 :
NAME :
Defendant. :
 :
 :

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this (DAY/MONTH/YEAR, a copy of the **Notice to Patient**
Regarding Request for Medical Records was mailed, certified mail, postage prepaid to:

ATTORNEY'S NAME
ATTORNEY FOR PLAINTIFF
ADDRESS

(ATTORNEY'S NAME)
Bar #
Counsel for Defendant
Attorney's Address

14-DAY CERTIFICATION

I HEREBY CERTIFY that (NAME OF PLAINTIFF), whose health records are being requested has not filed motions for protective order or to quash or that any such motions have been resolved by the court or administrative agency and the disclosures sought are consistent with such resolution and that fourteen (14) days have elapsed since the Notice to Patient Regarding Request for Medical Records was sent.

NAME OF ATTORNEY FOR
DEFENDANT

