

**UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF VIRGINIA**

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

**DEFENDANT’S NOTICE OF RECORDS DEPOSITION DUCES TECUM**  
**(For the Production Documents and Items Only)**

**YOU ARE HEREBY NOTIFIED** that the Defendant, (NAME), will take the records depositions of the below-named health care providers for the production of documents and items, only, as further described below on the date and at the time set opposite their names. Said records custodian shall produce these records and items at (LOCATION OF RECORDS PRODUCTION) before a Notary Public, or some other person authorized by law to administer oaths, for the purpose of discovery or as evidence in this action, or both, pursuant to the Rules of the Court.

<b><u>DEPONENT</u></b>	<b><u>DATE</u></b>	<b><u>TIME</u></b>
Records Custodian for (NAME OF MEDICAL PROVIDER)  (ADDRESS OF MEDICAL PROVIDER)	(DD/MM/YYYY)	11:00 am

The deponent is requested to produce the following documents and items:

**ENTIRE MEDICAL RECORD/CHART**, including but not limited to Emergency Room Notes, Ambulance Records, Admission History, Physical and Mental History, Discharge Instructions, Consults, Physician Notes & Orders, Diagnostic Reports,

Laboratory Results, Nurse Notes, Medication Records, Progress Notes, Insurance Information, Diagnostic Films and reports thereof for the following patient:

**Patient:** (PATIENT'S NAME)  
**DOB:** DD/MM/YYYY  
**Dates of Service:** DD/MM/YYYY – DD/MM/YYYY

**IF THE RECORDS ARE PROVIDED BEFORE (DATE) YOU ARE NOT REQUIRED TO PERSONALLY APPEAR FOR DEPOSITION.**

(DEFENDANT'S NAME)

By Counsel

(NAME OF LAW FIRM)

\_\_\_\_\_  
(ATTORNEY'S NAME)

Bar #

Counsel for Defendant

Attorney's Address

**CERTIFICATE OF SERVICE**

I hereby certify that on this (DATE) a true copy of the foregoing Defendant's Notice of Records

Deposition Duces Tecum with attachment was mailed, first class, postage prepaid to:

NAME OF PLAINTIFF'S ATTORNEY

ADDRESS OF PLAINTIFF'S ATTORNEY

\_\_\_\_\_  
(NAME OF DEFENDANT'S ATTORNEY)

**NOTICE TO DEPONENT REGARDING**  
**ALTERNATIVE COMPLIANCE**

**THE DEPONENT IS NOT REQUIRED TO PERSONALLY  
APPEAR FOR THE DEPOSITION AS SCHEDULED PROVIDED  
THE REQUESTED RECORDS AND ITEMS ARE COPIED AND  
MAILED TO THE FOLLOWING BEFORE (DD/MM/YYYY):  
(NAME OF ATTORNEY),(ADDRESS OF ATTORNEY);**

**Telephone: \_\_\_\_\_; Facsimile: \_\_\_\_\_; E-  
mail: \_\_\_\_\_ .**