

AFFIDAVIT OF PHYSICIAN

STATE OF TEXAS

COUNTY OF _____

BEFORE ME, (notary's name) _____ the undersigned authority, personally appeared [Dr. _____] who was sworn by me and deposed as follows: "My name is [Dr. _____] I am over the age of 18, of sound mind and capable of making this affidavit. I am a [*Professional title or specialty*] working at [*Medical facility or practice*]. The facts and allegations stated in this affidavit are within my personal knowledge and are true and correct.

The Child

This affidavit concerns _____ [*Full name*], _____ [*Date of birth*]. My knowledge of this child's medical condition is based on [*Include all that apply: review of medical records, examinations on specified dates, status as treating physician between specified dates, consultation with treating physician or other specific basis*].

The Report of Injury/ Patient History

[*If applicable*] I also spoke with _____ [*Full name and relationship to case parent/caretaker/child*], who reported that [*how injury occurred; the following symptoms, or other*].

Medical Opinion

Based on the above-described knowledge of this child's condition and my professional expertise I have [*diagnosed this child with specific condition; concluded the child's injury is inconsistent with the report of injury offered by _____ or other*]. This conclusion is based on [*specific facts, medical findings, test results, or other*].

Credentials

My opinion in this case is based on my education, training and experience [*As described below, OR as detailed on the curriculum vitae attached and incorporated by reference*].

Medical degree
License
Specialization
Years in practice

Affiant

SWORN TO AND SUBSCRIBED before me, the undersigned Notary Public on this the 15th day of January 2009.

NOTARY PUBLIC in and for the
STATE OF TEXAS
Commission Expires: