



# Certified Copy Cover Sheet

This letter serves to certify that the records noted below, and appended to this letter, are a complete and comprehensive medical record, for the time frame indicated, of the patient:

<b>Patient Name</b>	
DOB:	
EMR #:	
Study Identified ( if applicable)	

The following records are comprehensive between: DD/MMM/YEAR and DD/MMM/YEAR inclusive.

The following records were printed from the electronic medical record accessed on: DD/MMM/YEAR

<b>Record / Document</b>	<b>Page #</b>	<b>Initials</b>
<i>i.e Medical Imaging, Local laboratory, etc.</i>		

Please note that our medical record system allows addendums and edits to records, tracked via audit trail. These records may be altered electronically after printing and the changes will not be reflected in this docket.

This docket contains, including this cover letter \_\_\_\_\_ pages.

I \_\_\_\_\_ certify that these records are a true and accurate copy of the original medical record for the dates noted above as of \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date