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**Certification Form to Accompany Requested Health Care Records**

Patient:

Records From: to

 I, , Healthcare Records Clerk / Custodian for Dr. of       hereby certify that the documents attached to this certificate consisting of pages constitute an accurate, legible and complete copy of the healthcare records of the patient named above for the period of time shown above.

The records from which this copy was made were made in the regular course of the business of Dr. and at the time of the events recorded in the records or within a reasonable time after those events.

 Medical Records Clerk / Custodian

Subscribed and sworn to before me on this

 day of , 20 .

 Notary Public, State of Wisconsin

 My commission expires:

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