



**Texas Trial Lawyers Association
Presented:**

CAR WRECKS CLE SEMINAR

March 3, 2016
Houston, TX

September 8 2016
Austin, TX

October 6, 2016
Dallas, TX

**Trying Car Wrecks on the Cheap
APPENDIX 1**

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Texas Board of Legal Specialization

MELVIN K. HORANY
Attorney at Law

(date)

Provider Name
Address
Address
Attn: Medical Records Custodian

Re: Patient:
DOA:

Dear Medical Records Custodian:

Enclosed please find an Affidavit for Medical Records. Please pull the complete medical records for the above-referenced patient, from the date of the accident stated above until the present, and attach them to this Affidavit. I have attached a medical authorization executed by our client.

In completing the Affidavit please do the following:

1. Please fill in the blank on the Affidavit with the name of the person in charge of the medical records;
2. Please have the Records Custodian sign the Affidavit; and
3. Please have the Affidavit notarized by someone other than the doctor who has signed the Affidavit.

We will be happy to pay a reasonable charge for the preparation of this statement and the medical records relating to the date of accident. Please note we would prefer to have the records and Affidavit sent electronically to attorney@ostovichlaw.com. Please attach any charges to the affidavit for prompt, proper payment. Please do not hesitate to contact me should you have questions.

Sincerely,

Carolyn Ostovich
CO/clo

Enclosures

CAUSE NO. 4487

**JOSHUA D. NOYES, BARRY L. NOYES,
AND MARIE C. NOYES
PLAINTIFFS**

§ **IN THE 50th DISTRICT COURT**

§

§

VS.

§ **OF**

§

**JOE LUIS RAMIREZ, JR.,
DEFENDANT**

§

§ **COTTLE COUNTY, TEXAS**

RECORD AFFIDAVIT

BEFORE ME, the undersigned authority, personally appeared _____
who, being duly sworn by me, deposed as follows:

My name is _____, I am of sound mind and capable of
making this Affidavit and am personally acquainted with the facts stated herein:

I am the custodian of the records of **Childress Regional Medical Center**. Attached
hereto are _____ pages of records from **Childress Regional Medical Center** regarding **Joshua
D. Noyes**. These said _____ pages of records are kept by **Childress Regional Medical Center**
in the regular course of business. It was in the regular course of business of **Childress Regional
Medical Center** for an employee or representative of **Childress Regional Medical Center** with
knowledge of the act, event, condition, opinion, or diagnosis, to make the record or to transmit
the information thereof to be included in such record. Said record was made at or near the time
of the act, event, condition, opinion or diagnosis, or reasonably soon thereafter. The records
attached hereto on **Joshua D. Noyes** are the original or exact duplicates of the original.

Further, affiant saith not.

AFFIANT

SWORN TO AND SUBSCRIBED before me on the _____ day of _____ 2016.

NOTARY PUBLIC, State of Texas