**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: