
D. Conclusion and Diagnosis: _____

E. In my opinion the above child's physical well-being IS/IS NOT at risk if he/she does not receive proper medical attention

SIGNED this _____ day of _____, 2000.

AFFIANT

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 2000.

Notary Public in and for Travis County, Texas

My commission expires: _____

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

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

I am the Custodian of Records of _____. Attached hereto are _____ pages of records from _____. These said _____ pages of records are kept by _____ in the regular course of business, and it was the regular course of business of _____, for an employee or representative of _____, with knowledge of the act, event, condition, opinion, or diagnosis, recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time or reasonably soon thereafter. The records attached hereto are the original or exact duplicates of the original.

Affiant

SWORN TO AND SUBSCRIBED before me on the __ day of July, 2000.

Notary Public, State of Texas

IN RE: