

In the Iowa District Court for _____ County	
<p>_____ Plaintiff <i>Full name of Plaintiff: first, middle, last</i></p> <p>vs.</p> <p>_____ Defendant <i>Full name of Defendant: first, middle, last</i></p>	<p>Civil case no. _____</p> <p style="text-align: center;">Health Care Provider Statement in Lieu of Testimony (and Attorney Certificate)</p>

Patient Name: _____

Type of Incident: _____

Date of Incident: _____

Answer the following questions with information and opinions regarding the named patient.

Check this box if you are attaching separate pages for any of your answers to the questions below. Be sure that the question to which your answer relates appears at the top of each additional page. *Number of additional pages:* _____

1. What degrees, licenses, and board certifications do you hold, if any, and what year was each attained? Alternatively, you may attach your curriculum vitae.

2. What injuries, if any, did _____ sustain in the above-referenced incident?
Patient

3. Did _____ have any pre-existing, symptomatic conditions that were
Patient aggravated by the injuries sustained in the incident? If so, describe the pre-existing conditions and the extent of their aggravation.

4. Did _____ have any pre-existing, nondisabling, nonsymptomatic conditions
Patient that became symptomatic as a result of the incident? If so, describe.

5. What treatment has _____ received from you that was necessitated by the
Patient
injuries sustained in the incident? Include treatment provided by other care providers to the extent you are aware of such. Include medications prescribed, therapy recommended, surgery recommended and any other treatments needed as a result of this condition.

6. Have there been or are there any restrictions or limitations placed on _____
Patient
due to injuries sustained in the incident? If so, describe them, including the actual or expected duration of the restrictions or limitations.

7. Has _____ made a full recovery from the injuries sustained in the
Patient
incident? If not, what are your expectations for _____ regarding future
Patient
symptoms and the duration of such symptoms?

8. Is there any additional care or medications that may reasonably be required in the future as a result of the injuries sustained in the incident? If so, describe the expected care, including the expected frequency, duration, and cost.

9. Is _____ now susceptible to further health problems in the future as a
Patient
result of injuries sustained in the incident? If so, explain.

10. Is there anything _____ has done or failed to do that has aggravated
Patient
his or her condition or impaired his or her recovery? If so, explain.

11. Have you reviewed or relied upon any medical records other than those generated by you or other providers in your office in forming your opinions to the answers to the questions above? If so, identify or attach the records that you have reviewed and relied upon in forming your answers.

12. Have you relied upon any other documents or information about _____ or
Patient
the incident, other than the records indicated above? If so, state what documents or
information you relied upon, and the manner by which you received it.

Oath and Signature

I, _____, certify under penalty of perjury and pursuant to the
Health care provider's name
laws of the State of Iowa that the preceding is true and correct.

_____, 20_____
Signed: Month Day Year Health care provider's signature

Attorney Certificate on next page

Attorney Certificate

List any oral, written, or electronic communications between you or anyone in your office and the above-named treating health care provider or anyone in the provider's office regarding

Patient

For each such communication, identify the date of the communication and, if the communication was written or electronic, attach copies of such communications:

Oath and Signature

I, _____, certify under penalty of perjury and pursuant to the
Print attorney's name

laws of the State of Iowa that the preceding is true and correct.

_____, 20_____
Month Day Year

Handwritten signature

Information supplied by:

Full name: first, middle, last

Law firm, if applicable

Mailing address

Telephone number

Email address

Additional email address - if available