

AFFIDAVIT OF MERIT / MEDICAL EXPERT REVIEW

STATE OF: _____

COUNTY OF: _____

RE: [Patient Name vs. Healthcare Provider/Facility Name]

COURT CASE NO: [Case Number, if applicable]

I, [Expert Name, M.D./D.O./Ph.D.], being of lawful age and duly sworn upon my oath, depose and state as follows:

1. I am a physician licensed to practice medicine in the State of [State Name], and I am board-certified in the specialty of [Specialty Name].

2. My professional qualifications and experience are set forth in my Curriculum Vitae, which is attached hereto as Exhibit A.

3. I have been asked to review the medical records and relevant materials regarding the care and treatment provided to [Patient Name] by [Defendant Name] during the period of [Dates of Treatment].

4. I have personal knowledge of the applicable standard of care for a [Specialty Name] physician/provider under the same or similar circumstances as those involved in this matter.

5. Based upon my review of the records, it is my professional opinion, held to a reasonable degree of medical certainty, that there is a meritorious basis for filing this action. Specifically, I have identified the following:

- The applicable standard of care required: [Brief Description].
- The defendant(s) breached this standard of care by: [Brief Description of Negligence].
- This breach of the standard of care was a proximate cause of the following injuries/damages: [Brief Description of Injuries].

6. Further affiant sayeth naught.

[Signature of Expert Witness]
[Printed Name and Credentials]

Subscribed and sworn to before me this ____ day of _____, 20____.

NOTARY PUBLIC
My Commission Expires: _____