

## AFFIDAVIT OF MEDICAL MALPRACTICE

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

RE: Jane Doe

BEFORE ME, the undersigned authority, personally appeared, Dr. Expert, M.D. who, first being duly sworn, deposes and states that the following statements are true and correct to the best of his/her knowledge and belief::

1. I hold an active and valid license in \_\_\_\_\_ and I am Board Certified in \*\*\*\* and otherwise qualified to render expert medical opinions in this matter under Florida law.
2. A copy of my Curriculum Vitae is attached hereto, which accurately reflects my training and experience. I am acquainted with the prevailing standard of care in providing medical care to patients similar to Jane Doe and I possess the requisite education, training, experience, knowledge and skills necessary to render an opinion regarding the care and treatment of Jane Doe.
3. I have completely reviewed all of the pertinent medical records of Jane Doe including: (list records)
4. I specialize in the following area of medicine: \_\_\_\_\_
5. I have devoted my professional time during the 3 years immediately preceding 1/21/2018 by doing at least one of the following: Actively practicing medicine in a clinical practice of the same specialty, or instruction of students in an accredited health professional school or accredited residency or clinical research program in the same specialty; or performed clinical research program affiliated with an accredited health professional school or accredited residency or clinical research in the same specialty.
6. (For General Practitioners only) I have devoted my professional time during the 5 years immediately preceding 1/21/2018 by doing at least one of the following: Actively practicing medicine in a clinical practice of the same specialty, or instruction of students in an accredited health professional school or accredited residency or clinical research program in the same specialty; or performed clinical research program affiliated with an accredited health professional school or accredited residency or clinical research in the same specialty.
7. I certify that I have not been convicted of fraud or perjury in any jurisdiction.
8. I am an expert as defined by Florida Statute 766.203(4).
9. Because I am either a Medical Doctor, Osteopathic Physician or a Dentist, I have a valid expert witness certification issued by the State of Florida, a copy of which is attached hereto.
10. My Florida Expert Certificate Number is \_\_\_\_\_
11. Within a reasonable degree of medical probability there are reasonable grounds to conclude that the care and treatment of Jane Doe by Dr. ABCD, M.D fell below

the prevailing medical and professional standards of care during her treatment which is the subject of this investigation.

- 12. I am of the opinion based upon my review of the records thus far that Dr. ABCD, M.D breached the prevailing professional standard of care for other \_\_\_\_\_ which is that level of care, skill, and treatment which, in light of all relevant surrounding circumstances, is recognized as acceptable and appropriate by reasonably prudent similar health care providers.
- 13. I am of the opinion based upon my review of the records thus far that Dr. ABCD, M.D. should not have done or performed the following (insert) and when they did it was a breach of the prevailing professional standard of care because the injury that occurred to Jane Doe was not within the necessary or reasonably foreseeable results of the surgical, medicinal, or diagnostic procedure constituting the medical intervention, if the intervention from which the injury is alleged to have resulted was carried out in accordance with the prevailing professional standard of care by a reasonably prudent similar health care provider.
- 14. It is my opinion that the following actions were deviations from the standard of care:
- 15. It is also my opinion that Dr. ABCD, M.D. failed to properly document their patient's file.
- 16. It is my opinion that Dr. ABCD, M.D. failure to appropriately (evaluate, treat, manage . . .) caused the harms losses injuries and or death to their patient.
- 17. It is my opinion that A
- 18. It is my opinion that B
- 19. It is my opinion that C
- 20.

More likely than not, the above deviations in the standard of care resulted in (demise, injuries, damages)

\_\_\_\_\_  
Dr. Expert, M.D.

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

I HEREBY CERTIFY that on \_\_\_\_ day of \_\_\_\_\_, 201\_\_, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared Dr. Expert, M.D., to me known to be the person described in and who executed the foregoing instrument and he acknowledged before me that he executed the same and is \_\_\_\_ Personally Known \_\_\_\_ Produced identification \_\_\_\_\_.

WITNESS my hand and official seal at \_\_\_\_\_ County, \_\_\_\_\_, this \_\_\_\_ day of \_\_\_\_\_, 201\_\_.

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Signature of Notary Public

(Seal)

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Printed Name of Notary Public

My Commission Expires: \_\_\_\_\_  
§-Tp-1200