

# Certificate Of Service

## SUBPOENA DUCES TECUM for Medical Records

Claimant *versus* Claim Number  
Employer and Insurer

### CERTIFICATE OF SERVICE:

I HEREBY CERTIFY that a copy of the Subpoena Duces Tecum for Medical Records was mailed, by ordinary mail, postage prepaid, this            day of            , 20  
to  
at

REQUESTING PARTY

PRINTED NAME

ADDRESS

TELEPHONE NUMBER

**Note: Certificate of Service is only required for MEDICAL RECORDS, pursuant to the Annotated Code of Maryland, General Health, Section 4-306(b).**