



HARLEM HOSPITAL CENTER

506 Lenox Avenue  
New York, N.Y. 10037

COVER LETTER

DATE: 10/25/91

TO: Supreme Court  
John Brancato  
1 Hogan Plc  
NY, NY 10013

(AKA Josephina Mendez)

RE: Santa Flores

CHART #: 1172500

DATE(S) OF REQUESTED INFORMATION:  
7/17/90

Dear Sir/Madam:

In response to recent correspondence request, the following photocopy(ies) of medical information is (are) enclosed:

- |   |  |
|---|--|
| <input type="checkbox"/> Clinic Visit(s)              | <input type="checkbox"/> Laboratory Report                         |
| <input type="checkbox"/> Emergency Room Record        | <input type="checkbox"/> Prenatal Record                           |
| <input type="checkbox"/> Discharge Summary            | <input type="checkbox"/> Labor & Delivery Summary                  |
| <input type="checkbox"/> Face Sheet                   | <input type="checkbox"/> Obstetrical Admitting & Discharge Records |
| <input type="checkbox"/> Admission History & Physical | <input type="checkbox"/> Electrocardiogram Report                  |
| <input type="checkbox"/> Doctor's Orders              | <input type="checkbox"/> Sonogram                                  |
| <input type="checkbox"/> Progress Notes               | <input type="checkbox"/> Electroencephalogram Report               |
| <input type="checkbox"/> Consultations                | <input type="checkbox"/> X-Ray Report                              |
| <input type="checkbox"/> Operative Report             | <input type="checkbox"/> Other (Specify) _____                     |
| <input type="checkbox"/> Pathological Report(s)       | _____  |
| <input type="checkbox"/> Cytology Report              | _____  |
| <input type="checkbox"/> X-Ray Film                   | _____  |

A copy of the request is also attached for your reference.

Sincerely, D. Lupon

Eula states  
Assistant Director  
Health Information Services  
Medical Information Unit

Prepared By: Alice Perry  
Supervising Medical Record Specialist  
Health Information Services  
Medical Information Unit

EMS:wqd - March, 1987

56

280  
4-5



HARLEM HOSPITAL CENTER  
506 Lenox Avenue  
New York, N.Y. 10037

C E R T I F I C A T I O N

I, Eula States, the Assist. Director,  
NAME TITLE

of the Medical Records Department of Harlem Hospital Center, hereby, certify that the record attached is in the custody of and is the full and complete record of the condition, act, transaction, occurrence or events of this Institution concerning:

Santa Flores (AKA Josephine Mendez) 485 W 187<sup>th</sup> St. NYC  
NAME OF PATIENT ADDRESS OF PATIENT

MEDICAL RECORD NUMBER: 1172500

I, further, certify that this record was made in the regular course of business of this Institution and it is in the regular course of business of this Institution to make such record, and such record was made at the time of the condition, act, transaction, occurrence or events, or within a reasonable time thereafter. The original medical record is retained in the Medical Records Department in order to maintain the integrity of our files.

DATE: 10/25/91

PREPARED BY: D. Ruffin  
SIGNATURE

MEDICAL INFORMATION UNIT

E. States

Alice Perry

Ms. Eula States  
Assistant Director  
Health Information Services  
Medical Information Unit

Ms. Alice Perry  
Supervising Medical Record Specialist  
Health Information Services  
Medical Information Unit

ORIGINAL AND COPIES OF RECORDS SHOULD BE RETURNED TO THE HOSPITAL UPON COMPLETION OF TRIAL AND/OR COURT PROCEEDINGS.

EMS:wgd - March, 1987

281

57

U6



NEW YORK CITY HEALTH & HOSPITALS CORPORATION

HARLEM HOSPITAL CENTER  
506 Lenox Avenue  
New York, N. Y. 10037

DELEGATION OF AUTHORITY

I, Bruce Goldman, the Head of HARLEM HOSPITAL CENTER, certify that  
NAME

Eula States, Assistant Director of the Health Information  
NAME OF EMPLOYEE TITLE

Services A/K/A Medical Records Department whose signature appears below,  
is a responsible employee of this Institution.

I, hereby, authorize her to certify records of this Institution as the full and complete record of the condition, act, transaction, occurrence or events which have been made in the regular course of business of this Institution, and it is the regular course of business of this Institution to make such records at the time of the condition, act, transaction, occurrence or events, or within a reasonable time thereafter.

DATE: 6/25/91

  
Bruce Goldman  
Executive Director

  
Eula States  
Assistant Director

(Rev. 6/20/91 ES/lw)

282

U-7