

Ex. 37



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

RE: (AKA Josephina Mendez)
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,

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

Eula states
Assistant Director
Health Information Services
Medical Information Unit

EMS:wqd - March, 1987

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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 187th 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.

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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

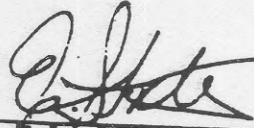
Eula States, Assistant Director of the Health Information
NAME OF EMPLOYEE **TITLE**
Services A/K/A Medical Records Department whose signature appears below,
is a responsible employee of this Institution.

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