

Ex. 40

PART 32
THE COURT ROOM IS ON THE STORY

If this Subpoena be disobeyed, an attachment will immediately issue.
Bring this Subpoena with you, and give it to the officer at the Court-Room door, that your attendance may be known.
SEE OTHER SIDE FOR DIRECTIONS

SUBPOENA (Duces Tecum) FOR A WITNESS TO ATTEND THE SUPREME COURT OF THE STATE OF NEW YORK, COUNTY OF NEW YORK

420-2665

In the Name of the People of the State of New York.

To BIMC ATTN: WM. GOYCORNEA, MED RECORDS DEPT
of No. _____ Street NY, N.Y.

YOU ARE COMMANDED to appear before the Supreme Court of the County of New York at the Criminal Courts Building, 100 Centre Street, between One Hogan Place and White Street, in the Borough of Manhattan of the City of New York, on the _____ day of FORTHWITH, 1992, at the hour of 9:30 in the forenoon of the same day, as a witness in a criminal action prosecuted by the People of the State of New York against DOMINIC FRANZA

and that you bring with you and produce, at the time and place aforesaid, a certain _____

PERTAINING TO: MEDICAL RECORDS
PATIENTS NAME: MYRA MENOEZ MED. RECORD NO. 1075091 (IF KNOWN)
D.O.B.: 2/12/64 DATE(S) OF ADMISSION 7/20/90
ADDRESS: _____ NATURE OF VISIT _____

now in your custody, and all other deeds, evidences and writings which you have in your custody or power concerning the premises, and for a **FAILURE TO ATTEND AND PRODUCE SAID ITEMS** you will be deemed guilty of a Criminal Contempt of Court, and liable to a **FINE OF TWO HUNDRED AND FIFTY DOLLARS AND IMPRISONMENT** for thirty days and to be prosecuted and punished for a misdemeanor.

Dated at the Borough aforesaid, in the County of New York,
the 21 day of JAN 19 92

ROBERT M. MORGENTHAU
District Attorney, County of New York

SD J R IERE I _____
JUSTICE OF THE SUPREME COURT

In lieu of appearing personally with the requested documents, you may forward them to District Attorney, County of New York, One Hogan Place, New York, New York 10013, for attention of Assistant District Attorney JOHN J. BRANCATO, Rm. 941

1617

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and that you bring with you and produce, at the time and place aforesaid, a certain
PERTAINING TO: MEDICAL RECORDS
PATIENTS NAME: MYRA MENOEZ MED. RECORD NO. 107509 (IF KNOWN)
D.O.B.: AKA LYNN LANGFORD DATE(S) OF ADMISSION 7/20/90
2/12/64
ADDRESS: NATURE OF VISIT

now in your custody, and all other deeds, evidences and writings which you have in your custody or power concerning the premises, and for a **FAILURE TO ATTEND AND PRODUCE SAID ITEMS** you will be deemed guilty of a Criminal Contempt of Court, and liable to a **FINE OF TWO HUNDRED AND FIFTY DOLLARS AND IMPRISONMENT** for thirty days and to be prosecuted and punished for a misdemeanor.

Dated at the Borough aforesaid, in the County of New York,
the 21 day of JAN 19 92

SO ORDERED [Signature]
JUSTICE OF THE SUPREME COURT
ROBERT M. MORGENTHAU
District Attorney, County of New York

In lieu of appearing personally with the requested documents, you may forward them to District Attorney, County of New York, One Hogan Place, New York, New York 10013, for attention of Assistant District Attorney JOHN J. BRANCATO, Rm. 941

1618

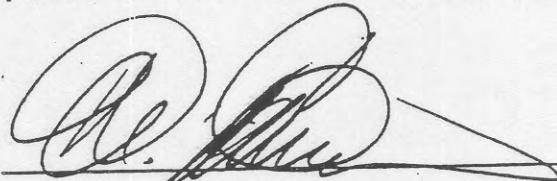
CERTIFICATION

I, WILLIAM GOICOCHEA, the MANAGER
(NAME) (TITLE)

of Beth Israel Medical Center hereby certify that the recorded attached is in the custody of and is the full and complete record of the condition, act, transaction, occurrence or event of this institution concerning:

Myra Feanza of 405 W. 187th St. N.Y. N.Y.
(PATIENT NAME) (ADDRESS)

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 event, or within a reasonable time thereafter.


(SIGNATURE)

1-23-92
(DATE)

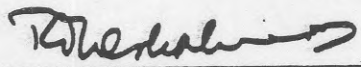
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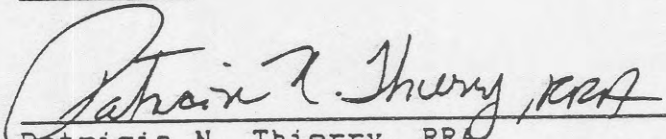
DELEGATION OF AUTHORITY

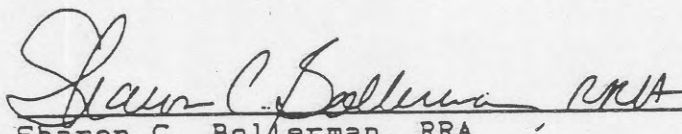
I, Robert G. Newman, M.D., President of Beth Israel Medical Center certify that the employees whose signatures appear below are responsible employees of Beth Israel Medical Center. I hereby authorize them to certify records of this institution as the full and complete record of condition, act, transaction, occurrence or event which have been 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 records at the time of the condition, act, transaction, occurrence or event, or within a reasonable time thereafter.

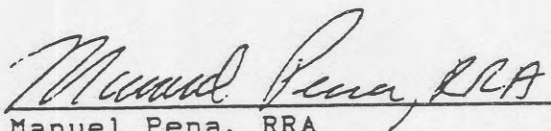
March, 1991

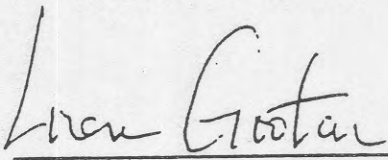

Robert G. Newman, M.D.
President


EMPLOYEES


Patricia N. Thierry, RRA
Director, Medical Record Department


Sharon C. Bolgerman, RRA
Associate Director, Medical Record Department


Manuel Pena, RRA
Assistant Director, Medical Record Department


Loren Gootar
Assistant Director, Medical Record Department


William Goicochea
Manager, Medical Record Department

3620