

WITNESS STATEMENT

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

Statement of: [Redacted]

Age if under 18: over 18

(if over 18 insert 'over 18')

Occupation: GP

This statement (consisting of ONE page(s) each signed by me) is true to the best of my knowledge and belief and I make it knowing that if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated anything in it, which I know to be false or do not believe to be true.

Signature: [Signature]

Date: 30th Dec 2003

I am a Bachelor of Medicine, Bachelor of Surgery, General Practitioner of Stratmore Medical Practice, Chesham Road, Wexham.

In pursuance to my previous statement regarding [Redacted], I can now also confirm that the named patient was visited at his home by myself following a request from his mother to the surgery for a doctor to call. The child was suffering from ear infection and possibility of mumps as well. I recently prescribed the patient Antibiotics for his illness that took place on 11th December 2003.

Signature: [Signature]

Signature witnessed by: _____

PTO