

In the United States Court of Federal Claims

OFFICE OF SPECIAL MASTERS

[Date Document Filed]

PETITIONER'S NAME,

Petitioner,

v.

SECRETARY OF HEALTH AND HUMAN
SERVICES,

Respondent.

Case No. ____ - ____ V

Special Master's Name _____

PETITIONER'S EXHIBIT LIST

1. Birth Certificate
2. Medical records of Dr. Jane Doe-Smith
3. Medical records of Dr. J. Doe
4. Medical records of City Medical Center
5. Affidavit of Petitioner
6. Statement of Completion
7. Expert Report of Dr. John Doe
8. CV of Dr. John Doe
9. Medical Journal Article (include full citation)

Signature

Counsel for Petitioner

Firm Name

Address

City, State, Zip code

Phone number

Facsimile number

Email Address

[Insert Certificate of Service]