



MEDICAL INQUIRY AND CONCILIATION PANEL
OFFICE OF ADMINISTRATIVE HEARINGS
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAI'I

In the Matter of the Inquiry of) MICP No. _____
)
) SUBPOENA DUCES TECUM
)
Inquiring Party(s),)
)
vs.)
)
)
)
Health Care Provider(s).)
_____)

SUBPOENA DUCES TECUM

THE STATE OF HAWAI'I:

TO THE SHERIFF of the State of Hawai'i or his Deputy, or any Police Officer, or any other person authorized by law in the State of Hawai'i to serve subpoenas:

YOU ARE COMMANDED to serve this subpoena on:

<i>Name</i>	<i>Address</i>

and to order him, her, or its legally authorized representative to produce one legible copy each of any and all medical records which are in your possession, custody, or under your control, pertaining to: (DOB: ; SSN:), whose last known address is:

The medical records that must be copied are limited to hospital and medical records, nurses' notes, x-rays, and other records kept in the usual course of the practice of the person or entity identified above.

Said production may either be by way of personal appearance or by certified mail (return receipt requested) within ten (10) days of the receipt of this Subpoena to:

DATED: Honolulu, Hawai'i, _____.

 DAVID H. KARLEN
 Senior Hearings Officer
 Department of Commerce
 and Consumer Affairs

RETURN OF SERVICE			
SERVICE WAS MADE AT:	DATE	TIME	PLACE
COMMENTS: <input type="checkbox"/> I served the above-named person. <input type="checkbox"/> I served this subpoena on another individual. (Explain below)			
DATE	NAME OF SERVER	SIGNATURE	