

STATEMENT

I declare under penalty of perjury that the history and details that I gave to Alpha Omega Acupuncture & Herbal Clinic Inc. and to its physicians/doctors are true. I feel that part or all of these symptoms are related to my accident. I understand that this information is used in the process of a Personal Injury claim and evaluation and will be part of a medical-legal report, and that may be used in court. I declare that I was not paid money or solicited in person to file this claim, or to see the doctor/physician, and that the above history and symptoms are the truth. I understand that the above history and symptoms is the truth and understand the consequence of giving a misleading history.

I understand that it is a crime (felony), to file or submit a Personal Injury claim which is incorrect or not related to any real injuries suffered during the above mentioned accident.

\_\_\_\_\_  
PATIENTS SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
INTERPRETED BY