Medical Opinion as to Serious Bodily Injury

Case Number _____ Agency _____

Officer _____ Date _____

Patient's Name:_____ Date of Birth:_____

Dr. _____

Since the above mentioned patient received medical treatment, we are considering filing criminal charges as a result of the incident which caused the injuries. Your medical opinion of the injuries received will help us evaluate the potential case.

We would appreciate it very much if you would complete the attached brief form letter. Please indicate whether or not, in your medical opinion, _____ sustained SERIOUS BODILY INJURY.

The Texas Penal Code, Section 1.07 (a)(46), defines SERIOUS BODILY INJURY as: "bodily injury that creates a substantial risk of death or that causes death, serious permanent disfigurement, or protracted loss or impairment of the function of any bodily member or organ." *("Protracted loss or impairment" can exist either because of a long period of healing or long periods of physical therapy)*

The fact that a wound or injury is repaired and heals does not mean that it was not a serious bodily injury.

In any event, you must be comfortable calling your patient's injury a "Serious Bodily Injury" as defined in the Texas Penal Code. Should we pursue prosecution in this case, the State may require your testimony at trial.

Thank you very much for your time and attention to this matter.

On_____day of_____, 20____ I examined and / or treated_____, at

the_____ for_____.

I was the attending physician who treated for injuries sustained. It is my professional opinion that this patient **{ } did / { } did not sustain SERIOUS BODILY INJURY.**

_____ _____

Attending Physician's signature Print Physician's name

Contact information for Physician: _____

Phone, email

Please provide a brief explanation as to why you reached your conclusion that the patient did sustain Serious Bodily Injury.

REMARKS:_____

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Attending Physician's signature Print Physician's name