

SAMPLE SUBPOENA

NAME OF ATTORNEY
1234 EAST 5678 SOUTH
SALT LAKE CITY, UT 84121
PHONE: (801) 555-1234

BEFORE THE DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING
DEPARTMENT OF COMMERCE, STATE OF UTAH

JOHN DOE,)	
)	
Petitioner,)	SUBPOENA DUCES TECUM
)	
vs.)	
)	
RICHARD ROE, M.D.)	
)	
Respondent.)	Case No. _____
)	

TO: Richard Roe, M.D.
000 Medical Plaza
Anytown, U.S.A. 84100

RE: John Doe
Date of Birth: 08/28/48

YOU ARE COMMANDED to produce at the offices of *(Name)*, *(Address)*, on or before *(Date)*, a complete copy of your medical records, pertaining to the above-referenced individual who has requested the Division of Occupational and Professional Licensing, to conduct a prelitigation panel review of a claim of medical malpractice. Attendance is not required if records are timely forwarded to the indicated address.

DATED this _____ day of _____, 20__.

DEPARTMENT OF COMMERCE

By: _____
Dave Taylor, Prelitigation Supervisor
Division of Occupational &
Professional Licensing

