

October 24, 1997

Commander: Naval Medical Center
620 John Paul Jones Cir.
Portsmouth, VA 27308
Attn: Records In-patient/Out-patient

Re: Records of Ronnie Lee Kimble USMC, SSAN ;
DOB 1-17-72

Dear Sir or Madam:

I represent the above on capital murder charges. We are slated to go to trial in January. I understand that Mr. Kimble while in the Marine Corps (he is no longer a marine) was treated at Portsmouth in your sleep clinic in January of 1996 and in 1995.

These records are very important for us and I would greatly appreciate any help you could give us. I have enclosed his signed release.

I am and remain

Sincerely yours,

W. David Lloyd

WDL/ld

Enclosure:

MEDICAL AUTHORIZATION
PATIENT'S REQUEST FOR CONFIDENTIAL
TREATMENT OF MEDICAL INFORMATION
AND EMPLOYER'S LOSS OF WAGES AUTHORIZATION

TO:

RE:

You are hereby authorized and directed to permit the examination of and the copying or reproduction in any manner, whether mechanical, photographic, or otherwise, by my attorney or such other person as he may authorize, all or any portions desired by him of the following:

- a. Hospital records, x-rays, x-ray readings and reports, laboratory records and reports, all tests of any type, character and reports thereof, statement of charges, and any and all of my records pertaining to hospitalization, history, condition, treatment, diagnosis, prognosis, etiology or expense.
- b. Medical records, including patient's record cards, x-ray, x-ray readings and reports, laboratory records and reports, all tests of any type and character and reports thereof, statements of charges, and any and all of my records pertaining to medical care, history, condition, treatment, diagnosis, prognosis, etiology or expense.

You are further authorized and directed to furnish oral and written reports to my attorney, or his delegate, as requested by him on any of the foregoing matters.

By reason of the fact that such information that you have acquired as my physician or surgeon is confidential to me, you are also requested to treat such information as confidential and requested not to furnish any of such information in any form to anyone, without written authorization from me. I hereby revoke any previously dated medical authorization.

I also authorize my attorneys or their delegate to photograph my person while I am present in any hospital.

I further authorize the sending of medical and hospital bills to my attorney, and in the event of recovery by trial or settlement to allow my attorney to withhold an amount sufficient to cover these bills and to make payment directly to you and to deduct the same from any recovery which may be due me.

I further authorize my employer _____ to furnish any and all information requested by my attorney regarding wages or benefits lost by me in regard to the above said matter.

Ronnie L. Kimble

Client

Authorized Attorney