

**AUTHORIZATION FOR RELEASE OF
HOSPITAL, MEDICAL AND PHARMACY RECORDS**

Plaintiff/Patient's Name: _____

Date of Birth: _____ Social Security No. _____

Plaintiff/Patient's Current Address(es) _____

TO: _____

You are hereby authorized to disclose, make available and furnish to: James B. Irwin of the law firm of Irwin Fritchie Urquhart & Moore; Charles F. Preuss of the law firm of Preuss, Shanagher, Zvloff & Zimmer; and/or Thomas F. Campion of Drinker Biddle & Shanley, attorneys for Defendants Johnson & Johnson, Janssen Pharmaceutica Inc. and Janssen Pharmaceutic Research Foundation, copies of all records regarding my medical condition and treatment including but not limited to all information relating to AIDS and HIV status. This information includes but is not limited to medical records, copies of films (x-ray, photographs, photographic slides or otherwise) pathology slides, diagnostic reports and laboratory testing reports. No originals will be released. No pathology material will be released.

This authorization does not apply to psychiatric or psychological records. Psychological and/or psychiatric records cannot be released without a specific signed authorization requesting these records. References to psychotropic medications should not be redacted.

This will further authorize you to provide updated medical records for the undersigned to the above law firms and corporations until two (2) years from the date below. Any facsimile, copy or photocopy of the authorization shall authorize you to release the records herein.

Dated: ____ day of _____, 2001.

Signature of Plaintiff

Print or Type Name

Sworn to and subscribed before me this
____ day of _____, 2001.

My lawyer's name, address and telephone number are: _____
