

\_\_\_\_\_ Full Name

\_\_\_\_\_ Social Security Number

\_\_\_\_\_ Date of Birth

**IN RE: ZOMETA®/ARELIA® LITIGATION  
SUPERIOR COURT OF NEW JERSEY  
LAW DIVISION: MIDDLESEX COUNTY  
CASE NO. 278 MT**

**AUTHORIZATION FOR RELEASE OF WORKERS' COMPENSATION RECORDS**

To: \_\_\_\_\_  
Name of Entity

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

I hereby authorize the law firm(s) of:

- SPRIGGS & HOLLINGSWORTH, 1350 I Street, N.W., Washington, D.C. 20005-3305, (202) 898-5800, or any member, associate or designee of the firm.
- GOODWIN PROCTER LLP, The New York Times Building, 620 Eighth Avenue, New York, NY 10018, (212) 813-8800, or any member, associate or designee of the firm.
- MORRISON & FOERSTER LLP, 12531 High Bluff Drive, Suite 100, San Diego, CA 92130, (858) 720-5100, or any member, associate or designee of the firm.
- VENABLE LLP, 750 East Pratt Street, Suite 900, Baltimore, MD 21202, (410) 244-7400, or any member, associate or designee of the firm.
- ALSTON & BIRD LLP, One Atlantic Center, 1201 West Peachtree Street, Atlanta, GA 30309, (404) 881-7000, or any member, associate or designee of the firm.

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\_\_\_\_\_

to be furnished copies of my entire workers' compensation file, including but not limited to any claims made by me, and any documents discussing, describing, or explaining the investigation and processing of that claim and all other pertinent documents, including all medical records or memoranda. The defendant(s) agree to pay reasonable charges to supply copies of such records.

This authorization is being given at my request in conjunction with the civil litigation matter listed above. Therefore, this authorization shall expire upon the final resolution by all parties of the aforementioned civil litigation, either by final adjudication, final settlement agreement, final judicial dismissal, or by other final judicial order, including but not limited to the resolution of any and all appeals. Until then, this authorization shall be considered as continuing, and you may rely on it in all respects unless and until you have been advised by me in writing to the contrary. Please note that this authorization also permits you to release any records created or obtained by you after the date of execution of this authorization.

It is expressly understood and intended by the undersigned that you are hereby authorized to accept a copy or photocopy of this authorization with the same validity as though an original has been presented to you.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

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Name	Signature	Date of Birth	Date Signed
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