
Full Name

Social Security Number

Date of Birth

In Re: Fosamax Litigation
Superior Court of New Jersey, Law Division, Atlantic County
Case No. 282

AUTHORIZATION FOR RELEASE OF DISABILITY INSURANCE RECORDS

To:

Name of Disability Insurance Carrier

Address

City, State, Zip Code

I hereby authorize the law firm of VENABLE LLP, 750 E. Pratt Street, Suite 900, Baltimore, Maryland 21202 (counsel for Merck & Co., Inc.), or their designated agent(s) ("Receiving Parties"), to be furnished copies of my entire insurance file, including but not limited to any and all health insurance questionnaires, claims made by or against 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 has agreed 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 not 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 had been presented to you.

Name of Patient	Signature	Date of Birth	Date Signed
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Description of Legal Guardian/Personal Representative's authority to act for Patient.

Subscribed and sworn to before me this ____ day of _____, 200_.

Notary Public

My Commission Expires:
