AUTHORIZATION FOR THE RELEASE OF ADVERSE EVENT REPORTS PURSUANT TO 21 C.F.R. § 20.63

I, _____, hereby authorize and consent to the release of any and all Adverse Event reports relating to my medical condition(s) and care at issue, and with my name unredacted, including but not limited to, United States Food and Drug Administration Medical Device Reports and manufacturer-generated Issue Reports, to my counsel of record as indicated below:

NAME: _____

ADDRESS: _____

PHONE: _____

_____ _____

Signature of Individual or Representative Date

_____

Printed Name of Representative and Relationship to Individual (if applicable)

_____

Description of Representative's Authority (if applicable)