AUTHORIZATION FORM
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 FDA Medical Device Reports and manufacturer-generated Issue Reports, to my counsel of record as indicated below:

NAME: _____

ADDRESS: _____

PHONE: _____

_____ Date:
Signature of Individual or Representative

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

_____
Description of Representative's Authority (if applicable)