

PRESENT:

Honorable Helen E. Freedman, J.S.C.

Sub# 12

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

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IN RE: NEW YORK REZULIN PRODUCTS : Master Index Number
LIABILITY LITIGATION : 752,000/00
----- X

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THIS DOCUMENT APPLIES TO ALL REZULIN : CASE MANAGEMENT
CASES IN THE SUPREME COURT OF THE : ORDER NO. 7
STATE OF NEW YORK : December 21, 2001
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COUNTY CLERK'S OFFICE
NEW YORK

JAN 03 2002

FILED

AMENDMENT OF PLAINTIFF'S FACT SHEET

Pursuant to Case Management Orders No. 3 and 5, entered in these coordinated cases on November 29, 2000 and December 27, 2000 respectively, the Court, *inter alia*, approved Standard Consolidated Disclosure entitled Plaintiff's Fact Sheet (the "Fact Sheet") and adopted procedures for plaintiffs to complete the Fact Sheet.

IT IS HEREBY ORDERED that the Fact Sheet is amended in the following respects:

The form of the Authorizations contained in the Fact Sheet are hereby amended, and the amended Authorizations are annexed to this Order. For all cases in which either a Fact Sheet or Authorizations are served after entry of this Order, plaintiffs shall execute either of the attached Medical Authorizations ("Authorization -- No Psychological Injury Claimed" or "Authorization -- Psychological Injury is Claimed", whichever is applicable) and the attached Employment Authorization (if applicable) in lieu of the Authorizations contained in the Fact Sheet adopted in Case Management Order No. 5. The Fact Sheet previously approved by the Court shall remain in effect in all other respects.

This order does not require plaintiffs who have already served Authorizations to automatically provide Amended Authorizations, but it does not prevent defendants from seeking to have plaintiffs execute Amended Authorizations in appropriate cases.

Defendants Liaison Counsel is hereby directed to serve a copy of this Order by regular mail on all counsel who have appeared in these coordinated actions for Plaintiffs and Defendants.

SO ORDERED

Dated: New York, New York
December 21, 2001



Helen E. Freedman, J.S.C.

IN THE SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

IN RE NEW YORK REZULIN :
PRODUCTS LIABILITY LITIGATION : Master Index No. 752,000/00

AUTHORIZATION
(No Psychological Injury Claimed)

To: _____
Name

Address

City, State and Zip Code

This will authorize you to furnish copies of all medical records, reports, radiographic films, prescription records, echocardiographic recordings, written statements, employment records, wage records, disability records, medical bills, and other documents in your possession **except for records of treatment for psychological, psychiatric or emotional problems**, concerning _____ (Name of Patient) whose date of birth is _____ and whose social security number is _____.

This Medical Authorization specifically authorizes the production and copying of records for alcohol or substance abuse, as provided by 42 CFR § 2.1, et seq.

You are authorized to release the above records to the following representatives of defendants in the above-entitled matter who have agreed to pay reasonable charges made by you to supply copies of such records.

Name of Representative

Representative Capacity (e.g. attorney, records requestor, agent, etc.)

Street Address

City, State and Zip Code

This authorization does not authorize you to disclose anything other than documents and records to anyone.

Date: _____

Signature of Patient, Guardian or
Authorized Representative

Date: _____

Witness Signature

IN THE SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

IN RE NEW YORK REZULIN :
PRODUCTS LIABILITY LITIGATION : Master Index No. 752,000/00

AUTHORIZATION
(Psychological Injury is Claimed)

To: _____
Name

Address

City, State and Zip Code

This will authorize you to furnish copies of all medical records, reports, radiographic films, prescription records, echocardiographic recordings, written statements, employment records, wage records, disability records, medical bills, and other documents in your possession concerning _____ (Name of Patient) whose date of birth is _____ and whose social security number is _____.

This Medical Authorization specifically authorizes the production and copying of records for alcohol or substance abuse, as provided by 42 CFR § 2.1, et seq.

You are authorized to release the above records to the following representatives of defendants in the above-entitled matter who have agreed to pay reasonable charges made by you to supply copies of such records.

Name of Representative

Representative Capacity (e.g. attorney, records requestor, agent, etc.)

Street Address

City, State and Zip Code

This authorization does not authorize you to disclose anything other than documents and records to anyone.

Date: _____

Signature of Patient, Guardian or
Authorized Representative

Date: _____

Witness Signature

IN THE SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

IN RE NEW YORK REZULIN :
PRODUCTS LIABILITY LITIGATION : Master Index No. 752,000/00

EMPLOYMENT AUTHORIZATION

To: _____

Name

Address

City, State and Zip Code

This will authorize you to furnish copies of all written applications for employment, all employment records, wage records, W-2 and 1099 forms, all documents that refer or relate to any job reviews or evaluations and/or performance appraisals, all documents that refer or relate to any termination of employment, disability records, each health questionnaire and each document that refers or relates to the results of any medical examinations or treatments for any such employment, medical bills, written statements and other documents in your possession concerning

_____ (Name of Employee) whose date of birth is _____
_____ and whose social security number is _____.

This Employment Authorization specifically authorizes the production and copying of records for alcohol or substance abuse, as provided by 42 CFR § 2.1, et seq. You are authorized to release the above records to the following representatives of defendants in the above-entitled matter who have agreed to pay reasonable charges made by you to supply copies of such records.

Name of Representative

Representative Capacity (e.g. attorney, records requestor, agent, etc.)

Street Address

City, State and Zip Code

This authorization does not authorize you to disclose anything other than documents and records to anyone.

Date: _____

Signature of Employee, Guardian or
Authorized Representative

Date: _____

Witness Signature