

CENTER FOR HUMAN RADIOBIOLOGY  
Argonne National Laboratory

Authorization to Any Physician, Dentist  
Clinic or Hospital

I, Mrs., hereby request that you give  
the authorized representative of the Center for Human Radiobiology, or its  
scientific successors, the information desired regarding the past medical  
history of \_\_\_\_\_ A copy of this authorization shall be as valid as  
the original.

Date March 7 - 1976 Signature Mrs.