

CENTER FOR HUMAN RADIOBIOLOGY
Argonne National Laboratory

Authorization to Any Physician, Dentist
Clinic or Hospital

I, _____ 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 Jean Daigneault. A copy of this authorization shall be as valid as
the original.

Date 3-7-76 Signature _____