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Permission to Produce Radiation Oncology Records

For Keloid Radiation Registry (SLIRB # 11-184)

I,, date of birth,
give my permission for, to give all of my radiation
treatment records to Dr. Michael Tirgan. I am enrolled in the Keloid Radiation Registry Study. Dr.
Tirgan is the Principal Investigator of this study. You can learn more about this study by visiting
www.Keloid-Radiation.com.

I understand that:

- I do not have to give my permission to share these records.
- If I want to take away the permission for Dr. Tirgan to get these records, I need to talk to Dr. Tirgan or his staff person and sign a separate form.
- This form is only good for 3 months from the date I sign it.

Patient's Name:

Patient's Signature

Date: