Pantasote Inc
Film/Compound Division
Packaging Division

26 Jefferson Street
Passaic NJ 07055

Tel (201) 777-8500
TWX 710-989-7108

Pantasote

MAY 25 1982

_____, 19___

Dear Mr. Memice,

You recently participated in the Pantasote Medical Surveillance program for possible side effects of vinyl chloride exposure.

Extensive blood test, x-rays, and a physical examination were conducted to provide the physician with the necessary information.

The test conducted and x-rays taken by the Company have shown no abnormalities.

The results of the tests and the x-rays will be forwarded to you designated physician upon the completion of a "Request for Information" form, which you may obtain in the Personnel Office.

REQUEST FOR INFORMATION

Date 5/25/82

Dear Dr. Tauber:

I recently participated in a medical surveillance program as an employee of Pantasote Inc.

Please forward all test results to my personal physician. I have informed Dr. _____ to expect them.

Dr. Jaime Martinez M.D.
11-05 Fairlawn Ave
Fairlawn, N.J. 07410

sent 3/26/82 JDN

Sincerely,

Signature Joseph Memice

Print Name JOSEPH MEMICE

UCCLEW0431