

**UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION**

IN RE: THERAGENICS CORP. SECURITIES LITIGATION	X : : X	CIVIL ACTION NO. 1:99-CV-0141 (TWT)
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PROOF OF CLAIM AND RELEASE

DEADLINE FOR SUBMISSION: NOVEMBER 23, 2004.

IF YOU PURCHASED THE COMMON STOCK OF THERAGENICS CORPORATION (“THERAGENICS”) DURING THE PERIOD BETWEEN JANUARY 29, 1998 AND JANUARY 11, 1999, INCLUSIVE (“CLASS PERIOD”), AND WERE DAMAGED THEREBY, YOU ARE A “CLASS MEMBER” AND YOU MAY BE ENTITLED TO SHARE IN THE SETTLEMENT PROCEEDS. (EXCLUDED FROM THE CLASS ARE THE DEFENDANTS, THE OFFICERS AND DIRECTORS OF THERAGENICS AT ALL RELEVANT TIMES, MEMBERS OF THE IMMEDIATE FAMILIES, AND THE LEGAL REPRESENTATIVES, HEIRS, SUCCESSORS OR ASSIGNS OF DEFENDANTS AND THE OFFICERS AND DIRECTORS OF THERAGENICS AND ANY ENTITY IN WHICH DEFENDANTS HAVE OR HAD A CONTROLLING INTEREST.)

IF YOU ARE A CLASS MEMBER, YOU MUST COMPLETE AND SUBMIT THIS FORM IN ORDER TO BE ELIGIBLE FOR ANY SETTLEMENT BENEFITS.

YOU MUST COMPLETE AND SIGN THIS PROOF OF CLAIM AND MAIL IT BY FIRST CLASS MAIL, POST-MARKED NO LATER THAN NOVEMBER 23, 2004 TO THE FOLLOWING ADDRESS:

In re Theragenics Corp. Securities Litigation
c/o Heffler, Radetich & Saitta L.L.P.
Claims Administrator
Post Office Box 59413
Philadelphia, Pennsylvania 19102-9413

YOUR FAILURE TO SUBMIT YOUR CLAIM BY NOVEMBER 23, 2004 WILL SUBJECT YOUR CLAIM TO REJECTION AND PRECLUDE YOUR RECEIVING ANY MONEY IN CONNECTION WITH THE SETTLEMENT OF THIS LITIGATION. DO NOT MAIL OR DELIVER YOUR CLAIM TO THE COURT OR TO ANY OF THE PARTIES OR THEIR COUNSEL AS ANY SUCH CLAIM WILL BE DEEMED NOT TO HAVE BEEN SUBMITTED. SUBMIT YOUR CLAIM ONLY TO THE CLAIMS ADMINISTRATOR.

1. I purchased the common stock of Theragenics Corporation (“Theragenics”) during the period between January 29, 1998 and January 11, 1999, inclusive, and was damaged thereby. (Do not submit this Proof of Claim if you did not purchase Theragenics common stock during this period).

2. By submitting this Proof of Claim, I state that I believe in good faith that I am a Class Member as defined above and in the Notice of Pendency of Class Action and Proposed Settlement, Motion for Attorneys’ Fees and Settlement Fairness Hearing (the “Notice”), or am acting for such person; that I am not a Defendant in the Action or anyone excluded from the Class; that I have read and understand the Notice; that I believe that I am entitled to receive a share of the Net Settlement Fund; that I elect to participate in the proposed Settlement described in the Notice; and that I have not filed a request for exclusion. (If you are acting in a representative capacity on behalf of a Class Member (e.g., as an executor, administrator, trustee, or other representative), you must submit evidence of your current authority to act on behalf of that Class Member. Such evidence would include, for example, letters testamentary, letters of administration, or a copy of the trust documents.)

3. I have set forth where requested below all relevant information with respect to each purchase of Theragenics common stock during the Class Period, and each sale, if any, of such securities (including sales made through April 11, 1999) as well as the number of shares owned at the close of business on January 11, 1999 and April 11, 1999. I agree to furnish additional information (including transactions in other Theragenics securities) to the Claims Administrator to support this claim if requested to do so.

4. I have enclosed photocopies of the stockbroker’s confirmation slips, stockbroker’s statements, relevant portions of my tax returns or other documents evidencing each purchase, sale or retention of Theragenics common stock listed below in support of my claim. (IF ANY SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN A COPY OR EQUIVALENT DOCUMENTS FROM YOUR BROKER OR TAX ADVISOR BECAUSE THESE DOCUMENTS ARE NECESSARY TO PROVE AND PROCESS YOUR CLAIM.)

5. I understand that the information contained in this Proof of Claim is subject to such verification as the Claims Administrator may request or as the Court may direct, and I agree to cooperate in any such verification. (The information requested herein is designed to provide the minimum amount of information necessary to process most simple claims. The Claims Administrator may request additional information as required to efficiently and reliably calculate my Recognized Claim. In some cases the Claims Administrator may condition acceptance of the claim based upon the production of additional information, including, where applicable, information concerning transactions in any derivatives of the subject securities such as options.)

6. Upon the occurrence of the Effective Date (as defined in the Stipulation) my signature hereto will constitute a full and complete release, remise and discharge by me and my heirs, executors, administrators, predecessors, successors, and assigns (or, if I am submitting this Proof of Claim on behalf of a corporation, a partnership, estate or one or more other persons, by it, him, her or them, and by its, his, her or their heirs, executors, administrators, predecessors, successors, and assigns) of each of the "Released Parties" of all "Settled Claims," as defined in the Notice.

7. NOTICE REGARDING ELECTRONIC FILES: Certain claimants with large numbers of transactions may request, or may be requested, to submit information regarding their transactions in electronic files. All Claimants MUST submit a manually signed paper Proof of Claim form listing all their transactions whether or not they also submit electronic copies. If you wish to file your claim electronically, you must contact the Claims Administrator at 1-(800) 644-7835 or visit their website at www.hrsclaimsadministration.com to obtain the required file layout. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues to the Claimant a written acknowledgment of receipt and acceptance of electronically submitted data.

14. Substitute Form W-9

Request for Taxpayer Identification Number:

Enter taxpayer identification number below for the Beneficial Owner(s). For most individuals, this is your Social Security Number. The Internal Revenue Service ("I.R.S.") requires such taxpayer identification number. If you fail to provide this information, your claim may be rejected.

Social Security Number: [][][][]-[][]-[][][][][] OR Taxpayer Identification Number: [][]-[][][][][][][][][]
(for individuals) (for estates, trusts, corporations, etc.)

15. Certification

I (We) certify that I am (we are) **NOT** subject to backup withholding under the provisions of Section 3406 (a)(1)(c) of the Internal Revenue Code because: (a) I am (We are) exempt from backup withholding, or (b) I (We) have not been notified by the I.R.S. that I am (we are) subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the I.R.S. has notified me (us) that I am (we are) no longer subject to backup withholding.

NOTE: If you have been notified by the I.R.S. that you are subject to backup withholding, please cross out the word **NOT** in the certification above and check here .

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

If you require the Instructions for Completing Substitute Form W-9, please make a written request to us at: In re: Theragenics Corp. Securities Litigation, c/o Heffler, Radetich & Saitta L.L.P., Post Office Box 59413, Philadelphia, PA 19102-9413 or go to our website at www.hrsclaimsadministration.com. Please note that your accountant should also be able to provide you with the Instructions.

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION PROVIDED ON THIS FORM IS TRUE, CORRECT AND COMPLETE.

Signature of Claimant
(If this claim is being made on behalf of Joint Claimants, then each must sign)

Signature

Signature

(Capacity of person(s) signing, e.g. beneficial purchaser(s), executor, administrator, trustee, etc.)

Date: _____

THIS PROOF OF CLAIM MUST BE SUBMITTED NO LATER THAN NOVEMBER 23, 2004, AND MUST BE MAILED TO:

In re Theragenics Corp. Securities Litigation
c/o Heffler, Radetich & Saitta L.L.P.
Claims Administrator
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Philadelphia, Pennsylvania 19102-9413

A Proof of Claim received by the Claims Administrator shall be deemed to have been submitted when posted, if mailed by November 23, 2004, and if a postmark is indicated on the envelope and it is mailed first class, and addressed in accordance with the above instructions. In all other cases, a Proof of Claim shall be deemed to have been submitted when actually received by the Claims Administrator.

If you wish to be assured that your Proof of Claim is actually received by the Claims Administrator then you should send it by Certified Mail, Return Receipt Requested. No acknowledgment will be made as to the receipt of claim forms. You should be aware that it will take a significant amount of time to process fully all of the Proofs of Claim and to administer the Settlement. This work will be completed as promptly as time permits, given the need to investigate and tabulate each Proof of Claim. Please notify the Claims Administrator of any change of address.

**ACCURATE CLAIMS PROCESSING
TAKES A SIGNIFICANT AMOUNT OF TIME.
THANK YOU FOR YOUR PATIENCE.**

Reminder Checklist:

1. Please sign the Release and W-9 Certification on page 16.
2. Remember to attach copies of supporting documentation.
3. Do not send original or copies of stock certificates.
4. Keep a copy of your Proof of Claim form for your records.
5. If you desire an acknowledgement of receipt of your Proof of Claim form, please send it via Certified Mail, Return Receipt Requested.
6. If you move after submitting your Proof of Claim form, please send your new address to the Claims Administrator.

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Claims Administrator
Post Office Box 59413
Philadelphia, Pennsylvania 19102-9413

**Notice to those who purchased Theragenics Corporation common
stock between January 29, 1998 and January 11, 1999, inclusive.**

FIRST-CLASS MAIL U.S. POSTAGE PAID PERMIT NO. 2323 PHILADELPHIA, PA

FIRST-CLASS MAIL

PLEASE FORWARD—IMPORTANT LEGAL NOTICE

**If you purchased Theragenics Corporation
common stock during the period between January 29, 1998
and January 11, 1999, inclusive, and were damaged thereby, then
you may be eligible for a payment from a class action settlement.**