

CONFIDENTIAL & PRIVILEGED

INFORMATION FORM FOR POTENTIAL CLASS MEMBERS

Zimmer Durom Hip Implants

CLASS ACTION LAWSUIT IN CANADA

Contact Information

Personal Information:

Mr. Mrs. Ms.

First Name

Last Name

Date of Birth mm/dd/yyyy

Health Card Number

Address:

Street

Home phone number

Work phone number

City/Town

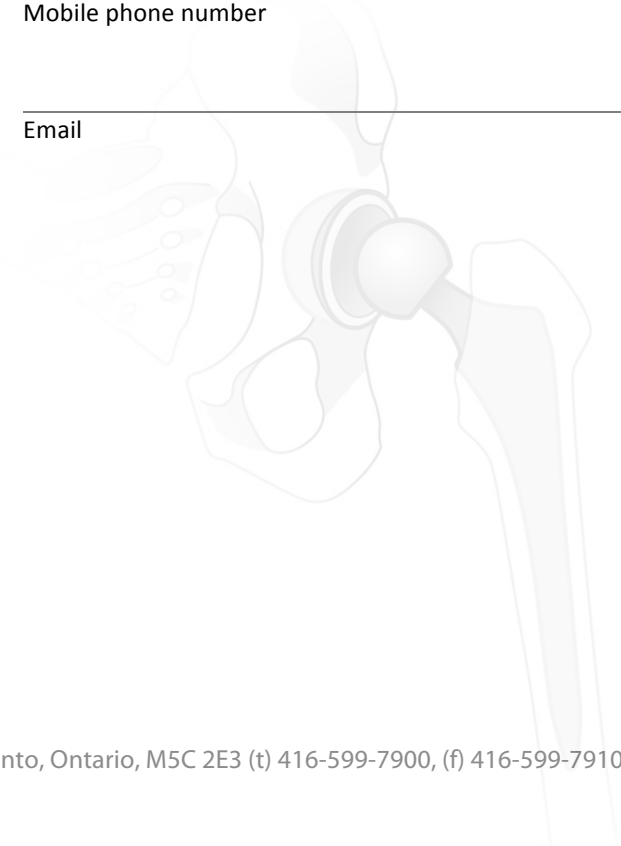
Mobile phone number

Province

Postal Code

Email

Today's Date



Hip Implant Information

Type:

Implant name (Please provide details)

Date of Surgery
mm/dd/yyyy

Implant model number

Name of Surgeon

Hospital where Hip Surgery Performed

Do you have a copy of your medical records? Yes No

I currently have the implant

The implant has been removed

Date of Surgery
mm/dd/yyyy

Why was the implant removed?

Personal Costs

Lifestyle changes, e.g., sports, hobbies, travel

Emotional impact, e.g., depression, anxiety

Relationships, e.g., impact on marriage, children

Financial out-of-pocket expenses, e.g., medication, trips to the doctors, homecare

Lost earnings

Please submit completed questionnaire and supporting documents to:

Stevensons LLP Barristers
15 Toronto Street, Suite 202
Toronto, ON M5C 2E3

t. 416-599-7900
f. 416-599-7910
mlover@stevensonlaw.net

Thank you.