

CONFIDENTIAL & PRIVILEGED

INFORMATION FORM FOR POTENTIAL CLASS MEMBERS

Biomet Metal on Metal Hip Implants

POTENTIAL CLASS ACTION LAWSUITS IN CANADA

Contact Information

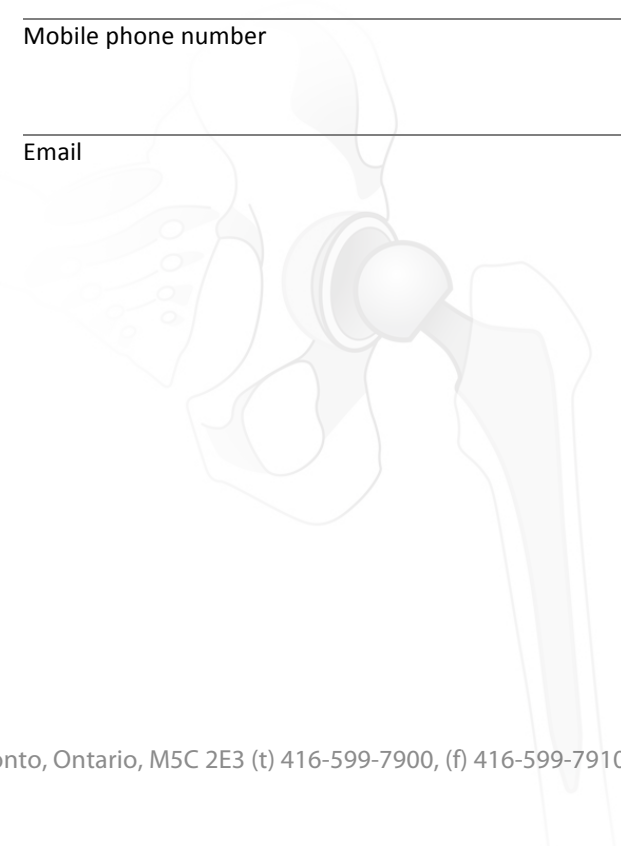
Personal Information:

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



Implant Information – LEFT HIP

Type:

Biomet Magnum

Biomet Recap

Other Biomet
(replacement or resurfacing system)

Date of Surgery
mm/dd/yyyy

Name of Surgeon

Hospital where Hip Surgery Performed

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

**See sample below*

I currently still have the replacement

The implant has been removed

Date of Surgery
mm/dd/yyyy

Hospital

Why was the implant removed?

Implant Information – RIGHT HIP

Type:

Biomet Magnum

Biomet Recap

Other Biomet
(replacement or resurfacing system)

Date of Surgery
mm/dd/yyyy

Name of Surgeon

Hospital where Hip Surgery Performed

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

**See sample below*

I currently still have the replacement

The implant has been removed

Date of Surgery
mm/dd/yyyy

Hospital

Why was the implant removed?

Complications

Please describe the problem(s) you have experienced because of the implant
e.g., pain, swelling, problems walking, implant loosening, fracture, dislocation, metal debris etc.:

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:

Stevenson Whelton LLP
15 Toronto Street, Suite 200
Toronto, ON M5C 2E3

p. 416-599-7900
f. 416-599-7910
ccampbell@swlawyers.ca

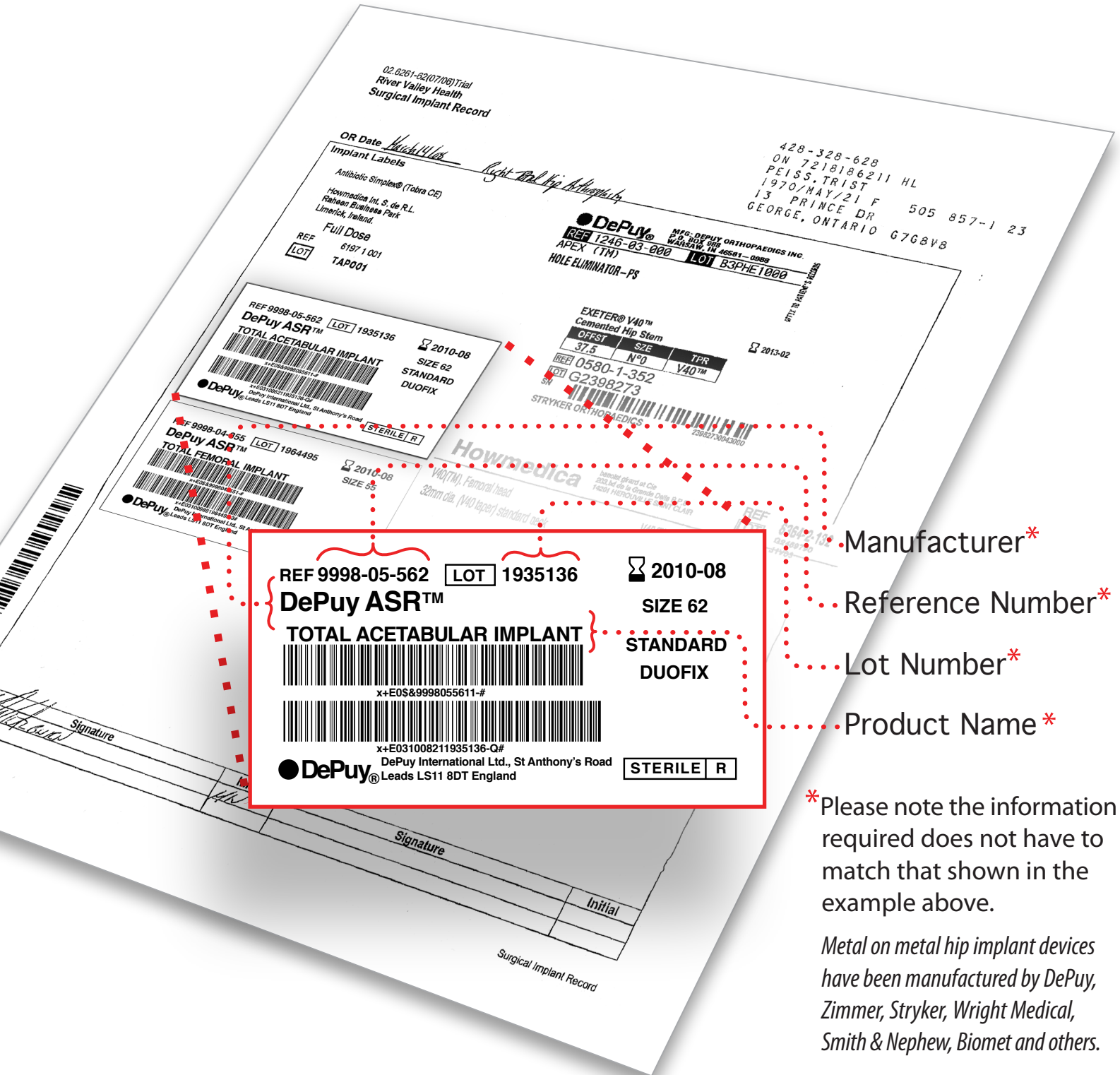
Thank you.

Disclaimer: This form is not intended to create a lawyer-client relationship between you and the firm. By submitting your information to us, you are not creating a lawyer-client relationship with the firm, although the information will be kept confidential. A lawyer-client relationship may be formed only after we check for conflicts of interest and you sign a retainer agreement. The firm may contact you about your legal claim to discuss representation options. Because of the volume of e-mails, we cannot promise to respond to every submission. In any class action lawsuit, it is the court that approves who will be eligible to participate in the class. If you feel you may qualify for damages or remedies that might be awarded in this class action, we request you fill out the form to help us determine if you are a legitimate member of the class or to make sure you get any mailings about the case. However, the return of the form does not guarantee you any type of compensation.

Potential Hip Replacement Class Action

Sample Medical Record

Containing: **Product name**
Reference number
Lot number



- Manufacturer*
- Reference Number*
- Lot Number*
- Product Name*

* Please note the information required does not have to match that shown in the example above.

Metal on metal hip implant devices have been manufactured by DePuy, Zimmer, Stryker, Wright Medical, Smith & Nephew, Biomet and others.