

CONFIDENTIAL & PRIVILEGED

INFORMATION FORM FOR POTENTIAL CLASS MEMBERS

DePuy Orthopaedics Hip Implants

A subsidiary of Johnson & Johnson

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

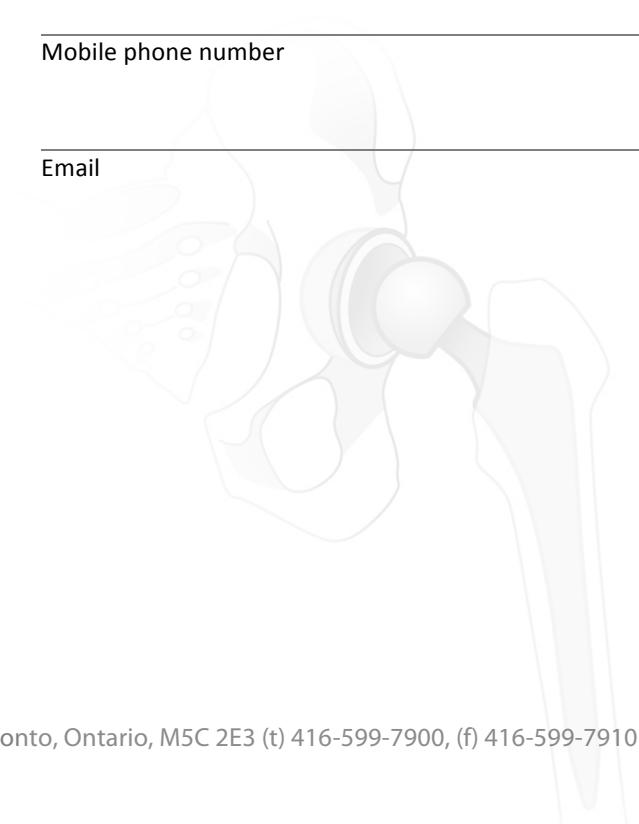
Mobile phone number

Province

Postal Code

Email

Today's Date



Hip Implant Information

Type:

Recalled implants were *not* in use prior to July 2003

DePuy ASR XL Acetabular System

Date of Surgery
mm/dd/yyyy

DePuy ASR Hip Resurfacing System

Name of Surgeon

Hospital where Hip Surgery Performed

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

I currently still have the DePuy implant.

The DePuy implant has been removed.

Date of Surgery
mm/dd/yyyy

Why was the implant removed?
