

VIOXX

CONFIDENTIAL & PRIVILEGED

INFORMATION FORM FOR POTENTIAL CLASS MEMBERS

RE: VIOXX CLASS ACTION LAWSUIT IN CANADA

Contact Information

Name:

Mr. Mrs. Ms. _____
First Name Last Name

Address:

Street _____ Home phone _____

_____ Work phone _____

City/Town _____ Mobile phone _____

Province and Postal Code _____ Email _____

Vioxx Information

When start taking Vioxx? MM/DD/YY _____

When stop taking Vioxx? MM/DD/YY _____

Doctor prescribing Vioxx: _____
Name Phone

Pharmacy where
prescription filled?: _____
Name Phone

Medical complications following ingestion of Vioxx

Heart Attack(s) MM/DD/YY

Date

Stroke(s) MM/DD/YY

Date

Doctor who treated: _____
Name Phone

Hospital where treated: _____
Name Phone

Medical Information

MM/DD/YY _____
Date of birth Health Card No.

Pre-Existing Medical Conditions: _____

Today's date: MM/DD/YY

Please submit completed questionnaire and relevant documents to:

Stevensons LLP Barristers
15 Toronto Street, Suite 202
Toronto, ON M5C 2E3
ATTN: Margaret Lover
416-599-7900
416-599-7910
mlover@stevensonlaw.net

Thank you.