

CONFIDENTIAL & PRIVILEGED
INFORMATION FORM FOR POTENTIAL CLASS MEMBERS

RE: KUGEL MESH CLASS ACTION LAWSUIT IN CANADA

1. Name:

Mr./Mrs./Ms	First Name	Last Name
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2. Address:

_____	_____	
Street	Home phone number	
_____	_____	
	Work phone number	
_____	_____	
City/Town	Mobile phone number	
_____	_____	
Province	Postal Code	_____
		Email address

3. Please give details of your hernia operation, including date, hospital, surgeon, and surgical techniques used, if known.

4. **Did you receive a Kugel Mesh or similar surgical product? Please give details.**

5. **Have you suffered any complications or unexpected symptoms post-surgery? Have you had medical consultations regarding the possible causes or treatments for such problems? Please provide details.**

6. **Today's date:** _____

Please submit completed questionnaire and relevant documents to:

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

416-599-7900

416-599-7910 (fax)

Margaret: mlover@stevensonlaw.net

Thank you.