

**IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA**

CHARLESTON DIVISION

IN RE: AMERICAN MEDICAL SYSTEMS, INC.,
PELVIC REPAIR SYSTEM
PRODUCTS LIABILITY LITIGATION

MDL No. 2325

THIS DOCUMENT RELATES TO CASES
IDENTIFIED IN EXHIBIT A

**PRETRIAL ORDER # 223
(Order re: Production of Case-Specific Information
For Certain AMS MDL Plaintiffs)**

For reasons appearing to the court, it is **ORDERED** as follows:

- A. **Existing Cases pending as of October 10, 2016.** This order shall apply to certain cases in MDL 2325 alleging claim(s) against American Medical Systems, Inc. (“AMS”), as of October 10, 2016, and listed on Exhibit A.
- B. **Plaintiff Fact Sheets, Authorizations and Documents.**
1. By **November 21, 2016**, Plaintiffs identified on Exhibit A shall submit a full and complete Plaintiff Fact Sheet (“PFS”) with verifications and authorizations (attached hereto as Exhibit B) ¹ and the other documents identified below to the individuals identified in Paragraph C.
 2. Every plaintiff is required to provide defendants with a PFS that is substantially complete in all respects, answering every question in the PFS, even if a plaintiff can

¹ The Plaintiff Fact Sheet, verifications and authorizations are also located on the AMS MDL 2325 section of the court’s website, www.wvsd.uscourts.gov.

answer the question in good faith only by indicating “not applicable.” The PFS shall be signed by plaintiff under penalty of perjury. If a plaintiff is suing in a representative or derivative capacity, the PFS shall be completed by the person with the legal authority to represent the estate or person under legal disability. Plaintiff spouses with a claim for loss of consortium shall also sign the PFS, attesting that the responses made to the loss of consortium claim questions in the PFS are true and correct to the best of his or her knowledge, information and belief, formed after due diligence and reasonable inquiry.

3. A completed PFS shall be considered interrogatory answers under Fed. R. Civ. P. 33 and responses to requests for production under Fed. R. Civ. P. 34, and will be governed by the standards applicable to written discovery under Federal Rules 26 through 37. The interrogatories and requests for production in the PFS shall be answered without objection as to the question posed in the PFS. This section does not prohibit a plaintiff from withholding or redacting information from medical or other records provided with the PFS based upon a recognized privilege. If information is withheld or redacted on the basis of privilege, plaintiff shall provide defendants and MDL 2325 Co-Lead Counsel with a privilege log that complies with Rule 26(b)(5) simultaneously with the submission of the PFS.
4. Contemporaneous with the submission of a PFS, each plaintiff shall provide all documents and authorizations required by the PFS to the defendants and MDL 2325 Co-Lead Counsel.

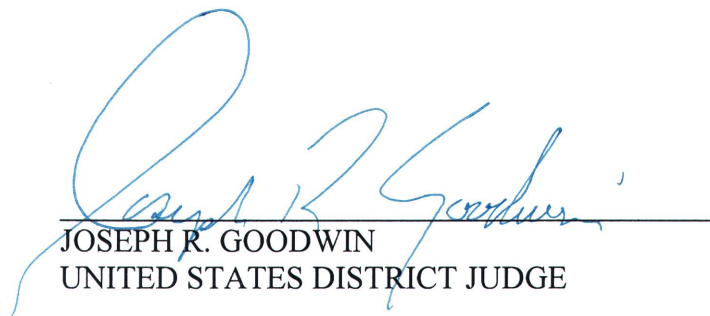
C. Deadlines and Submission Information. Plaintiffs are directed to provide the PFS, including authorizations and documents identified above, to AMS’ counsel,

AMSPFS@rkgattorneys.com and AMSService@reedsmith.com, and MDL 2325 Co-Lead Counsel Fidelma Fitzpatrick (ffitzpatrick@motleyrice.com) and Amy Eskin (aeskin@levinsimes.com) on or before November 21, 2016.

- D. This PTO does not in any way relieve plaintiffs from their obligation to serve a Plaintiff Profile Form as outlined in PTO #19 (Plaintiff Profile Forms, Plaintiff Fact Sheet, and Defendant Fact Sheets).
- E. Any plaintiff who fails to comply with this PTO may be subject to a substantial sanction, including dismissal with prejudice.

The Court **DIRECTS** the Clerk to file a copy of this order in 2:12-md-2325 *and in the individual cases listed on Exhibit A*, and it shall apply to each member related case previously transferred to, removed to, or filed in this district, which includes counsel in all member cases up to and including civil action number 2:16-cv-09833. In cases subsequently filed in this district, a copy of the most recent pretrial order will be provided by the Clerk to counsel appearing in each new action at the time of filing of the complaint. In cases subsequently removed or transferred to this Court, a copy of the most recent pretrial order will be provided by the Clerk to counsel appearing in each new action upon removal or transfer. It shall be the responsibility of the parties to review and abide by all pretrial orders previously entered by the Court. The orders may be accessed through the CM/ECF system or the Court's website at www.wvsd.uscourts.gov.

ENTER: October 21, 2016



JOSEPH R. GOODWIN
UNITED STATES DISTRICT JUDGE

EXHIBIT A

	Case Style	SDWV Case Number
1	Cathy Hoppe v. American Medical Systems, Inc.	2:12-cv-00287
2	Jennifer Gaines, Patrick Gaines v. American Medical Systems, Inc.	2:12-cv-00355
3	Jill Engledow v. American Medical Systems, Inc.	2:12-cv-00432
4	Donna Painter, Ernest Painter v. American Medical Systems, Inc.	2:12-cv-00450
5	Dorothy Clary, Philip Clary v. American Medical Systems, Inc.	2:12-cv-00584
6	Phyllis Steward v. American Medical Systems, Inc.	2:12-cv-00589
7	Susan Nosal v. American Medical Systems, Inc.	2:12-cv-00611
8	Brenda K. Williams v. American Medical Systems, Inc.	2:12-cv-00725
9	Millissa Ann Kinder v. American Medical Systems, Inc.	2:12-cv-00744
10	Teresa Frazier v. American Medical Systems, Inc.	2:12-cv-01047
11	Carl Wayne Laviolette, Marylan Laviolette v. American Medical Systems, Inc.	2:12-cv-01546
12	Robin Sharpe, Joel P. Boyle v. American Medical Systems, Inc.	2:12-cv-02000
13	Hazel Jones, Albert Jones v. American Medical Systems, Inc.	2:12-cv-02018
14	Tammara Craven v. American Medical Systems, Inc.	2:12-cv-02597
15	Jana Swanson v. American Medical Systems, Inc.	2:12-cv-02608
16	Donna L. Dattilo, Dean Datillo v. American Medical Systems, Inc.	2:12-cv-04346
17	Elva Elizondo v. American Medical Systems, Inc.	2:12-cv-04595
18	Lori Yates v. American Medical Systems, Inc.	2:12-cv-04666
19	Arthea Russo v. American Medical Systems, Inc.	2:12-cv-04779
20	Tammy Beavers, Johnny Beavers v. American Medical Systems, Inc.	2:12-cv-05079
21	Helen R. Harris, William C. Harris v. American Medical Systems, Inc.	2:12-cv-05099
22	Kathy Simmons v. American Medical Systems, Inc.	2:12-cv-05176
23	Alma Tean Rainey, Vernone Rainey, Sr. (deceased) v. American Medical Systems, Inc.	2:12-cv-05164
24	Jean Williams v. American Medical Systems, Inc.	2:12-cv-05220
25	Amy Smith v. American Medical Systems, Inc.	2:12-cv-05407
26	Angela Gilliam v. American Medical Systems, Inc.	2:12-cv-05783
27	Sophia L. Rodriguez v. American Medical Systems, Inc.	2:12-cv-05821
28	Michael Hernandez, Josefina Hernandez v. American Medical Systems, Inc.	2:12-cv-05831
29	Kathy Durham v. American Medical Systems, Inc.	2:12-cv-05844
30	Cynthia Mayo v. American Medical Systems, Inc.	2:12-cv-05846
31	Terry A. Morrill, Gerald S. Morrill v. American Medical Systems, Inc.	2:12-cv-06930
32	Sherry Curtis Hamilton, Jerry Dewayne Curtis, as co-administrators of the Estate of Bonnie Curtis (deceased) v. American Medical Systems, Inc.	2:12-cv-07013
33	Nancy J. Allen v. American Medical Systems, Inc.	2:12-cv-07146
34	Tracy Dillon v. American Medical Systems, Inc.	2:12-cv-07474
35	Shannon Gomez v. American Medical Systems, Inc.	2:12-cv-07529
36	Frances Miller, Dale Miller v. American Medical Systems, Inc.	2:12-cv-08074
37	Georgette Kell, Ernest Kell v. American Medical Systems, Inc.	2:12-cv-08369
38	Melinda Konetski v. American Medical Systems, Inc.	2:12-cv-08453
39	Kimberly C. Hilden v. American Medical Systems, Inc.	2:12-cv-08598
40	Jacolyn F. Mally-Rupe, Steven Rupe, Sr. v. American Medical Systems, Inc.	2:12-cv-08608
41	Alicia K. Griffin v. American Medical Systems, Inc.	2:12-cv-09000

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	Case Style	SDWV Case Number
42	Judy A. Belk, Charles S. Belk v. American Medical Systems, Inc.	2:12-cv-09147
43	Leslie Barnard v. American Medical Systems, Inc.	2:12-cv-09838
44	Beverly S. Parsons, Bennie Parsons v. American Medical Systems, Inc.	2:13-cv-00078
45	Barbara A. Duke v. American Medical Systems, Inc.	2:13-cv-00849
46	Maria Quintana, Raymond Quintana v. American Medical Systems, Inc.	2:13-cv-01872
47	Sheila Fae Largent v. American Medical Systems, Inc.	2:13-cv-01971
48	Carolyn Burghdoff, Arlan Burghdoff v. American Medical Systems, Inc.	2:13-cv-02062
49	Maria Rodrigues, Heliomar Rodrigues v. American Medical Systems, Inc.	2:13-CV-02738
50	Betty Turner v. American Medical Systems, Inc.	2:13-cv-03158
51	Patricia McNew v. American Medical Systems, Inc.	2:13-cv-03548
52	Teresa Barnett, Keith Barnett v. American Medical Systems, Inc.	2:13-cv-03562
53	Kimberly Jeanne Arrowood, Randall Keith Arrowood v. American Medical Systems, Inc.	2:13-cv-04568
54	Deborah Williams Jones, David Johnathan Jones v. American Medical Systems, Inc.	2:13-cv-04649
55	Eduviges George, Damon S. George v. American Medical Systems, Inc.	2:13-cv-05165
56	Greta Frank Dunn, Anthony Dunn v. American Medical Systems, Inc.	2:13-cv-05175
57	Debbie Collins v. American Medical Systems, Inc.	2:13-cv-05230
58	Jean Kingsbury v. American Medical Systems, Inc.	2:13-cv-05527
59	Cathleen Collins v. American Medical Systems, Inc.	2:13-cv-05736
60	Jennifer M. Bell, Sean Bell v. American Medical Systems, Inc.	2:13-cv-06133
61	Wilma Le Pori v. American Medical Systems, Inc.	2:13-cv-06682
62	Debra Wilson v. American Medical Systems, Inc.	2:13-cv-07463
63	Linda Ondell v. American Medical Systems, Inc.	2:13-cv-07558
64	Michelle Stopp v. American Medical Systems, Inc.	2:13-cv-07992
65	Bobbie Richardson v. American Medical Systems, Inc.	2:13-cv-08093
66	Suzanne Neary v. American Medical Systems, Inc.	2:13-cv-08516
67	Angela Lucero v. American Medical Systems, Inc.	2:13-cv-08701
68	Dianne Slater v. American Medical Systems, Inc.	2:13-cv-08716
69	Pamela Smith v. American Medical Systems, Inc.	2:13-cv-08718
70	Wendy C. Lefferts, Craig Lefferts v. American Medical Systems, Inc.	2:13-cv-08902
71	Bobbie Lamaack v. American Medical Systems, Inc.	2:13-cv-09176
72	Melanie DeLacruz v. American Medical Systems, Inc.	2:13-cv-09879
73	Rozanna Adkins v. American Medical Systems, Inc.	2:13-cv-10239
74	Kathryn L. Carbonetta, Edmund M. Cabonetta v. American Medical Systems, Inc.	2:13-cv-10786
75	Shelley Owens, Paul Owens v. American Medical Systems, Inc.	2:13-cv-10847
76	Maria Smith v. American Medical Systems, Inc.	2:13-cv-11069
77	Genevieve Liebowitz , Eric Nieber v. American Medical Systems, Inc.	2:13-cv-11088
78	Robin McAlpine, Earl D. McAlpine v. American Medical Systems, Inc.	2:13-cv-11090
79	Peggy Meredith v. American Medical Systems, Inc.	2:13-cv-11336
80	Jewel Fort v. American Medical Systems, Inc.	2:13-cv-11380
81	Victoria Brady v. American Medical Systems, Inc.	2:13-cv-12397

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	Case Style	SDWV Case Number
82	Melda Taylor v. American Medical Systems, Inc.	2:13-cv-13440
83	Margaret Gorum, Joseph Gorum v. American Medical Systems, Inc.	2:13-cv-13453
84	Jeannette Hobbs, Jonathan Hobbs v. American Medical Systems, Inc.	2:13-cv-13563
85	Debbie Avery v. American Medical Systems, Inc.	2:13-cv-14226
86	Laurie Coleman v. American Medical Systems, Inc.	2:13-cv-14227
87	Michelle Farron v. American Medical Systems, Inc.	2:13-cv-14538
88	Maria Kemp v. American Medical Systems, Inc.	2:13-cv-14590
89	Maria Rodriguez v. American Medical Systems, Inc.	2:13-cv-14608
90	Michelle Rolerson v. American Medical Systems, Inc.	2:13-cv-14667
91	Barbra Bilharz v. American Medical Systems, Inc.	2:13-cv-14790
92	Betty Rae Kenworthy v. American Medical Systems, Inc.	2:13-cv-14791
93	Carmina Rothenhausler v. American Medical Systems, Inc.	2:13-cv-14792
94	Kris Acklam v. American Medical Systems, Inc.	2:13-cv-14872
95	Darlene Cook v. American Medical Systems, Inc.	2:13-cv-14952
96	Ann Weisman v. American Medical Systems, Inc.	2:13-cv-15043
97	Mindy Shay Cox v. American Medical Systems, Inc.	2:13-cv-15388
98	Sheila Truitt v. American Medical Systems, Inc.	2:13-cv-15436
99	Karen Tharp v. American Medical Systems, Inc.	2:13-cv-15439
100	Deborah J. Crouse, Richard R. Crouse v. American Medical Systems, Inc.	2:13-cv-15536
101	Nipie E. Whatley v. American Medical Systems, Inc.	2:13-cv-15664
102	Lisa Morgan v. American Medical Systems, Inc.	2:13-cv-15877
103	Darlene R. Scheiris, David J. Scheiris v. American Medical Systems, Inc.	2:13-cv-16280
104	Maria E. Castillo, Jose J. Castillo v. American Medical Systems, Inc.	2:13-cv-16303
105	Rosalie Jensen v. American Medical Systems, Inc.	2:13-cv-16379
106	Norma Ramos, Jose Luis Ramos v. American Medical Systems, Inc.	2:13-cv-16403
107	Kathleen Stinson, Kurt Stinson v. American Medical Systems, Inc.	2:13-cv-16780
108	Barbara Hester, William Hester v. American Medical Systems, Inc.	2:13-cv-16837
109	Sebrina Luevano, Orlando Luevano v. American Medical Systems, Inc.	2:13-cv-16849
110	Maria Pazos, Ramon Pazos v. American Medical Systems, Inc.	2:13-cv-16870
111	Debra Whaley, Peter Whaley v. American Medical Systems, Inc.	2:13-cv-16923
112	Deborah Contestabile, Kevin Contestabile v. American Medical Systems, Inc.	2:13-cv-17204
113	Barbara Harris, Ronald Harris v. American Medical Systems, Inc.	2:13-cv-18246
114	Joanne Gildersleeve v. American Medical Systems, Inc.	2:13-cv-18705
115	Clara Pinzon v. American Medical Systems, Inc.	2:13-CV-18839
116	Estella G. Dominguez, Alex Dominguez v. American Medical Systems, Inc.	2:13-cv-19132
117	Lorie Shreve (TERMINATED 05/20/2015: Will Supplement) v. American Medical Systems, Inc.	2:13-cv-19523
118	Renee Bruce, Raymond Bruce v. American Medical Systems, Inc.	2:13-cv-19973
119	Jolene M. Wood, Grinnell M. Wood II v. American Medical Systems, Inc.	2:13-cv-20070
120	Doris Chelala, Tony Chelala v. American Medical Systems, Inc.	2:13-cv-20086
121	Ann M. Pitchford v. American Medical Systems, Inc.	2:13-cv-20165
122	Barbara Ann Carver, Kenneth Carver v. American Medical Systems, Inc.	2:13-cv-20301
123	Jennifer Collins-Fleming v. American Medical Systems, Inc.	2:13-cv-21300

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	Case Style	SDWV Case Number
124	Susan M. Tallant, Perry L. Tallant v. American Medical Systems, Inc.	2:13-cv-22157
125	Tami Scholler, Steven Scholler v. American Medical Systems, Inc.	2:13-cv-22305
126	Elda Ugalde, Jose Antonio Ugalde v. American Medical Systems, Inc.	2:13-cv-22619
127	Elena Big-Payte v. American Medical Systems, Inc.	2:13-cv-23395
128	Deborah Hedges, Deceased, George Hedges, George Hedges, Personal Rep. v. American Medical Systems, Inc.	2:13-cv-24294
129	Patricia Jaghamin v. American Medical Systems, Inc.	2:13-cv-24361
130	Ewa Liszka, Wojciech Liszka v. American Medical Systems, Inc.	2:13-cv-24501
131	Christine Carruth, Jerry Carruth v. American Medical Systems, Inc.	2:13-cv-24945
132	Teresa Ann Pruitt v. American Medical Systems, Inc.	2:13-cv-26055
133	Anita Moncada v. American Medical Systems, Inc.	2:13-cv-26365
134	Jodi L. Pecze, Joseph Pecze Jr. v. American Medical Systems, Inc.	2:13-cv-26480
135	Lynda Kohut v. American Medical Systems, Inc.	2:13-cv-27314
136	Marilynn G. Berry v. American Medical Systems, Inc.	2:13-cv-27451
137	Lisa Clark v. American Medical Systems, Inc.	2:13-cv-27817
138	Peggy Hancock, Perry Hancock v. American Medical Systems, Inc.	2:13-cv-28110
139	Judith A. Scharff, Ronald K. Scharff v. American Medical Systems, Inc.	2:13-cv-28236
140	Anne Cason, Billy Cason v. American Medical Systems, Inc.	2:13-cv-28330
141	Marie T. Koontz v. American Medical Systems, Inc.	2:13-cv-29343
142	Martha Menchaca v. American Medical Systems, Inc.	2:13-cv-29817
143	Rickie R. Lane v. American Medical Systems, Inc.	2:13-cv-30001
144	Kathleen Dougherty v. American Medical Systems, Inc.	2:13-cv-30247
145	Cheryl S. Bisel, John C. Bisel v. American Medical Systems, Inc.	2:13-cv-30909
146	Cathy Estes Coplen v. American Medical Systems, Inc.	2:13-cv-31359
147	Marieclaire van Dam v. American Medical Systems, Inc.	2:13-cv-31544
148	Jackie Hall, James Hall Jr. v. American Medical Systems, Inc.	2:13-cv-31863
149	Wanda Grice v. American Medical Systems, Inc.	2:13-cv-32662
150	Jo Annette Moore v. American Medical Systems, Inc.	2:13-cv-32989
151	Glenna Mae Doughty, Richard Doughty v. American Medical Systems, Inc.	2:13-cv-33016
152	Ann M. McClain, Mark McClain v. American Medical Systems, Inc.	2:14-cv-00221
153	Betty Sue Coffey v. American Medical Systems, Inc.	2:14-cv-00599
154	Annamarie Bartolome v. American Medical Systems, Inc.	2:14-cv-00618
155	Lisa M. Burgess, Scott A. Burgess v. American Medical Systems, Inc.	2:14-cv-00631
156	Marcela Duran, Juan Carlos Duran v. American Medical Systems, Inc.	2:14-cv-01573
157	Cynthia Runk v. American Medical Systems, Inc.	2:14-cv-01776
158	Anna Sumberlin, Emery Sumberlin Jr. v. American Medical Systems, Inc.	2:14-cv-02105
159	Cindy Franta, Richard Franta v. American Medical Systems, Inc.	2:14-cv-01970
160	Lesia J. Smith, Gary Smith v. American Medical Systems, Inc.	2:14-cv-02502
161	Tammy M. Snyder v. American Medical Systems, Inc.	2:14-cv-02588
162	Barbara Marburger v. American Medical Systems, Inc.	2:14-cv-03520
163	Cathy Schartzler v. American Medical Systems, Inc.	2:14-cv-03866
164	Paula Boesswetter v. American Medical Systems, Inc.	2:14-cv-03994
165	Sally J. Thompson v. American Medical Systems, Inc.	2:14-cv-04935

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	Case Style	SDWV Case Number
166	Evelyn R. Smith, Charles R. Smith Jr. v. American Medical Systems, Inc.	2:14-cv-04943
167	Christal D. Vincent, John Vincent v. American Medical Systems, Inc.	2:14-cv-07382
168	Infra E. Wilson, Charles Wilson v. American Medical Systems, Inc.	2:14-CV-08027
169	Renee Schwab, William Fischle v. American Medical Systems, Inc.	2:14-cv-08600
170	Lucille Espinosa v. American Medical Systems, Inc.	2:14-cv-09662
171	Rosa Marie Jones, Randy M. Jones v. American Medical Systems, Inc.	2:14-cv-09686
172	Betty Sue Coffey v. American Medical Systems, Inc.	2:14-cv-09808
173	Estate of Sandra B. Shepherd, Deceased, by Beth D. Davis, as Administrator of the Estate of Sandra B. Shepherd, Deceased, and on Behalf of the Wrongful Death Beneficiaries of Sandra B. Shepherd, Scottie M. Shepherd v. American Medical Systems, Inc.	2:14-cv-09984
174	Lois A. Carlson v. American Medical Systems, Inc.	2:14-cv-10095
175	Judith Ann Gruidl v. American Medical Systems, Inc.	2:14-cv-10100
176	Amy McGee v. American Medical Systems, Inc.	2:14-cv-10231
177	Eliza Gil, Raphael Gil v. American Medical Systems, Inc.	2:14-cv-10399
178	Harriet Anderson, Thomas W. Anderson v. American Medical Systems, Inc.	2:14-cv-10539
179	Catherine Rodriguez v. American Medical Systems, Inc.	2:14-cv-10618
180	Janet Vealy v. American Medical Systems, Inc.	2:14-cv-10642
181	Karen Thaler, Robert Thaler v. American Medical Systems, Inc.	2:14-cv-11395
182	Connie F. Thompson, Robert Thompson v. American Medical Systems, Inc.	2:14-cv-11560
183	Melinda Jo Lore, Jason Allen Lore v. American Medical Systems, Inc.	2:14-cv-11605
184	Semra Donuk v. American Medical Systems, Inc.	2:14-cv-11635
185	Kathleen Forsman v. American Medical Systems, Inc.	2:14-cv-11650
186	Sharon Puckett, Jerry Puckett v. American Medical Systems, Inc.	2:14-cv-11784
187	Dinora Otero Molina v. American Medical Systems, Inc.	2:14-cv-12223
188	Joseph M. Petro v. American Medical Systems, Inc.	2:14-cv-12420
189	Dorothy McKelvey, James McKelvey v. American Medical Systems, Inc.	2:14-cv-13122
190	Alta Juanita Carpenter, Gary Carpenter v. American Medical Systems, Inc.	2:14-cv-13470
191	Dawn Cote, Normand Cote v. American Medical Systems, Inc.	2:14-cv-13868
192	Donna Canfield v. American Medical Systems, Inc.	2:14-cv-14252
193	Colleen Synowiecki, Edwin Synowiecki v. American Medical Systems, Inc.	2:14-cv-14276
194	Yvonne J. Lindsey v. American Medical Systems, Inc.	2:14-cv-14707
195	Felice A. DeFrancesco, Mary Ann DeFrancesco v. American Medical Systems, Inc.	2:14-cv-15267
196	Jennifer Bowen Rogerson, Burrell Rogerson Jr. v. American Medical Systems, Inc.	2:14-cv-15929
197	Gail Rozkydol, Donnie Rozkydol v. American Medical Systems, Inc.	2:14-cv-15933
198	Cynthia McLaughlin v. American Medical Systems, Inc.	2:14-cv-16276
199	Dawn Latimer v. American Medical Systems, Inc.	2:14-cv-16278
200	Victoria Stephenson, Bernard Stephenson Jr. v. American Medical Systems, Inc.	2:14-cv-16567
201	Jennifer Stobart, David Stobart v. American Medical Systems, Inc.	2:14-cv-16755
202	Susan Nelson, John Nelson v. American Medical Systems, Inc.	2:14-CV-17461

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	Case Style	SDWV Case Number
203	Amanda Stone, Vincent Carl Maniaci v. American Medical Systems, Inc.	2:14-cv-18524
204	Starla M. Riley v. American Medical Systems, Inc.	2:14-cv-21376
205	Deanne L. Vonderohe, Arthur R. Vonderohe v. American Medical Systems, Inc.	2:14-cv-22533
206	Heidi S. Greidanus, Wilbur Greidanus v. American Medical Systems, Inc.	2:14-cv-22539
207	Karolina Peperni, also known as Karolina Fournier v. American Medical Systems, Inc.	2:14-cv-22563
208	Tina Griffith v. American Medical Systems, Inc.	2:14-cv-22625
209	Sandra Kadubek v. American Medical Systems, Inc.	2:14-cv-22724
210	Suzanne Sovik v. American Medical Systems, Inc.	2:14-cv-22434
211	Marquita Bear, Ricky Bear v. American Medical Systems, Inc.	2:14-cv-23532
212	Kathy Almeida v. American Medical Systems, Inc.	2:14-cv-23715
213	Holly Coulter v. American Medical Systems, Inc.	2:14-cv-24089
214	Judith Hoffman, Michael Hoffman v. American Medical Systems, Inc.	2:14-cv-24210
215	Carolyn M. Plotner v. American Medical Systems, Inc.	2:14-cv-24216
216	Jane G. Carrasco v. American Medical Systems, Inc.	2:14-cv-24447
217	Trisha Marie Rodgers v. American Medical Systems, Inc.	2:14-cv-24448
218	Dixie Bowlus v. American Medical Systems, Inc.	2:14-cv-24639
219	Sandra K. Ogles, Doy Ogles v. American Medical Systems, Inc.	2:14-cv-25041
220	Chontel Ross v. American Medical Systems, Inc.	2:14-cv-24808
221	Wanda Roths, Cyril Roths v. American Medical Systems, Inc.	2:14-cv-25008
222	Jennifer Dumers, Joey Dumers v. American Medical Systems, Inc.	2:14-cv-25026
223	Tabitha A. Jenkins, Oscar Frazier v. American Medical Systems, Inc.	2:14-cv-25133
224	Steffi Nuckols v. American Medical Systems, Inc.	2:14-cv-26080
225	Sheila L. Russell, Calvin S. Miller v. American Medical Systems, Inc.	2:14-CV-26358
226	Claudia Sapien v. American Medical Systems, Inc.	2:14-cv-26779
227	Mary McGuire, Robert McGuire v. American Medical Systems, Inc.	2:14-CV-26976
228	Marcy Ringstaff, Jeffrey Ringstaff v. American Medical Systems, Inc.	2:14-cv-27003
229	Laurie M. Daniels v. American Medical Systems, Inc.	2:14-cv-27193
230	Connie Johns, Curtis Johns v. American Medical Systems, Inc.	2:14-cv-27250
231	Laura A. Howell, Thomas A. Howell v. American Medical Systems, Inc.	2:14-CV-27253
232	Susan D. Victor, William R. Victor v. American Medical Systems, Inc.	2:14-cv-27299
233	Rose Apuzzi v. American Medical Systems, Inc.	2:14-cv-28603
234	Joy R. Guidicotti v. American Medical Systems, Inc.	2:14-cv-28680
235	Margaret Mary Irwin, William Irwin v. American Medical Systems, Inc.	2:14-cv-28845
236	Adiana Findley v. American Medical Systems, Inc.	2:14-cv-29290
237	Dana Campbell, Arthur Campbell v. American Medical Systems, Inc.	2:14-cv-29447
238	Atoorina Braun, Clint Braun v. American Medical Systems, Inc.	2:14-cv-29457
239	Kathryn L. Danner, Lawrence M. Danner v. American Medical Systems, Inc.	2:14-cv-30516
240	Sharon I. Fruhling, Irvine McCauley Jr. v. American Medical Systems, Inc.	2:15-cv-00233
241	Jill LeBlanc v. American Medical Systems, Inc.	2:15-cv-00817
242	Judy Yancey v. American Medical Systems, Inc.	2:15-cv-00837

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243	Murlene Terri Knopp v. American Medical Systems, Inc.	2:15-cv-00838
244	Martha Guerrero v. American Medical Systems, Inc.	2:15-cv-00839
245	Rebekah M. Mitchell, Kristopher A. Mitchell v. American Medical Systems, Inc.	2:15-cv-01469
246	Anna Fisher v. American Medical Systems, Inc.	2:15-cv-01987
247	Gayle Donners v. American Medical Systems, Inc.	2:15-cv-02458
248	Sherry Ashworth v. American Medical Systems, Inc.	2:15-cv-02562
249	Thelma Saenz v. American Medical Systems, Inc.	2:15-cv-03209
250	Charlotte Diane Rock, Randall Rock v. American Medical Systems, Inc.	2:15-cv-03363
251	Erin K. Fulton, Joshua S. Fulton v. American Medical Systems, Inc.	2:15-cv-03867
252	Nancy Maryhew v. American Medical Systems, Inc.	2:15-cv-04223
253	Leah H. Snell, Wayne R. Snell v. American Medical Systems, Inc.	2:15-cv-04226
254	Liva Fiatoa, Charles Fiatoa v. American Medical Systems, Inc.	2:15-cv-04372
255	Cheryl Kester v. American Medical Systems, Inc.	2:15-cv-04391
256	Ina Jo Pudles v. American Medical Systems, Inc.	2:15-cv-04825
257	Georgette Breaux v. American Medical Systems, Inc.	2:15-cv-05155
258	Dian Berryman, Mike Berryman v. American Medical Systems, Inc.	2:15-cv-05351
259	Karen Hahn, Michael Hahn v. American Medical Systems, Inc.	2:15-cv-05356
260	Tina Thorne v. American Medical Systems, Inc.	2:15-cv-05424
261	Tonia Martin, Thomas Martin v. American Medical Systems, Inc.	2:15-cv-06006
262	Deborah Kinney, Michael Kinney v. American Medical Systems, Inc.	2:15-cv-06029
263	Shirley Nations, Kenneth Nations v. American Medical Systems, Inc.	2:15-cv-06190
264	Judith Payne, Bill Payne v. American Medical Systems, Inc.	2:15-cv-06228
265	Clara Janet Kalichun, Charles W. Kalichun v. American Medical Systems, Inc.	2:15-cv-06582
266	Hazelnell B. Carmadelle v. American Medical Systems, Inc.	2:15-cv-06865
267	Joan Bobrow-Bourne, Richard T. Bourne v. American Medical Systems, Inc.	2:15-cv-06980
268	Maxie Stapleton v. American Medical Systems, Inc.	2:15-cv-07009
269	Kathleen K. Goulding, Hugh J. Goulding v. American Medical Systems, Inc.	2:15-cv-07027
270	Linda Glasser, Russell Glasser v. American Medical Systems, Inc.	2:15-cv-07028
271	Karen Lee Dewey, Christopher Dewey v. American Medical Systems, Inc.	2:15-cv-07246
272	Wanda Eckberg, Richard Eckberg v. American Medical Systems, Inc.	2:15-cv-07768
273	Shirley Hawks, Richard Hawks v. American Medical Systems, Inc.	2:15-cv-07769
274	Jennifer Penrose v. American Medical Systems, Inc.	2:15-cv-07970
275	Frances Thom, Steve Thom v. American Medical Systems, Inc.	2:15-cv-08324
276	Ruth Pitt, James Pitt v. American Medical Systems, Inc.	2:15-cv-08328
277	Ginger Pederson v. American Medical Systems, Inc.	2:15-cv-08332
278	Carole Davis Phelps, Richard Q. Phelps v. American Medical Systems, Inc.	2:15-cv-08523
279	Constance Connie Morace, Dennis Morace v. American Medical Systems, Inc.	2:15-cv-09130
280	Kathleen Hill v. American Medical Systems, Inc.	2:15-cv-09239
281	DeAnn Brierley, John Brierley v. American Medical Systems, Inc.	2:15-cv-09270
282	Deborah Boelter, Todd Boelter v. American Medical Systems, Inc.	2:15-cv-09487
283	Margaret Cladek, Gary Cladek v. American Medical Systems, Inc.	2:15-cv-11099

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284	Hope Cline v. American Medical Systems, Inc.	2:15-cv-11103
285	Evelyn R. Copeland, Thomas B. Copeland v. American Medical Systems, Inc.	2:15-cv-11106
286	Sonia Ward, Steve Ward v. American Medical Systems, Inc.	2:15-cv-10408
287	Susan C. Naeve, Wally E. Naeve v. American Medical Systems, Inc.	2:15-cv-11156
288	Judith A. Pisano v. American Medical Systems, Inc.	2:15-cv-11401
289	Janice Aragon v. American Medical Systems, Inc.	2:15-cv-11478
290	Linda Moore v. American Medical Systems, Inc.	2:15-cv-11702
291	Kelly Blum v. American Medical Systems, Inc.	2:15-cv-11706
292	Kimberly Cramer, Sean Cramer v. American Medical Systems, Inc.	2:15-cv-11739
293	Beverly Geraci, Gregory Geraci v. American Medical Systems, Inc.	2:15-cv-11743
294	Leona Thomas v. American Medical Systems, Inc.	2:15-cv-11801
295	Tonya S. Fields, Jeffery J. Fields v. American Medical Systems, Inc.	2:15-cv-11846
296	Christine Ihrig v. American Medical Systems, Inc.	2:15-cv-11893
297	Susanne Duffy v. American Medical Systems, Inc.	2:15-cv-11941
298	Patsy Napier v. American Medical Systems, Inc.	2:15-cv-11943
299	Gail Stephenson, Ronald Stephenson v. American Medical Systems, Inc.	2:15-cv-12071
300	Lisa Armstrong v. American Medical Systems, Inc.	2:15-CV-12349
301	Joan Nielsen, Elden D. Nielson v. American Medical Systems, Inc.	2:15-cv-12599
302	Beverly Lambert-Frazier v. American Medical Systems, Inc.	2:15-cv-12642
303	Linda J. Gaibel v. American Medical Systems, Inc.	2:15-cv-12728
304	Vicki Roeling v. American Medical Systems, Inc.	2:15-cv-12732
305	Clementina Roeder, Ronald P. Roeder Jr. v. American Medical Systems, Inc.	2:15-cv-12910
306	Katherine S. Scapa, Ino Scapa v. American Medical Systems, Inc.	2:15-cv-12913
307	Christy Lynn Channell v. American Medical Systems, Inc.	2:15-cv-12949
308	Jody Gough v. American Medical Systems, Inc.	2:15-cv-13063
309	Galina Flippin, Martin Flippin v. American Medical Systems, Inc.	2:15-cv-13064
310	Laurel Miller, Robert A. Miller v. American Medical Systems, Inc.	2:15-cv-13065
311	Lena Joan Michaelis v. American Medical Systems, Inc.	2:15-cv-13068
312	Bonita Klein, Gerald L. Klein v. American Medical Systems, Inc.	2:15-cv-13171
313	Julie Phillips, John Phillips v. American Medical Systems, Inc.	2:15-cv-13172
314	Lisa Stahlecker v. American Medical Systems, Inc.	2:15-cv-13346
315	Kimberly Aguero v. American Medical Systems, Inc.	2:15-cv-13369
316	Georgia A. Borg v. American Medical Systems, Inc.	2:15-cv-13482
317	Lana Chapman, Robert Chapman v. American Medical Systems, Inc.	2:15-CV-13621
318	Bonnie W. Teasley, Arthur W. Teasley v. American Medical Systems, Inc.	2:15-cv-14153
319	Martha L. Pennington, Norman E. Pennington v. American Medical Systems, Inc.	2:15-cv-14154
320	Peggy Corkin, Terry Corkin v. American Medical Systems, Inc.	2:15-cv-14155
321	Antje Crawford v. American Medical Systems, Inc.	2:15-cv-14276
322	Suzanne Miderski v. American Medical Systems, Inc.	2:15-cv-14338
323	Justine Groves, Michael Groves v. American Medical Systems, Inc.	2:15-cv-14341
324	Caroline Nowacki, Martin Nowacki v. American Medical Systems, Inc.	2:15-cv-14355
325	Evelyn Shill v. American Medical Systems, Inc.	2:15-cv-14403

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326	Kimberly Wright, Gary Wright v. American Medical Systems, Inc.	2:15-cv-14405
327	Carole Aversa, Johnny Alonzo v. American Medical Systems, Inc.	2:15-cv-14406
328	Terese Boeck v. American Medical Systems, Inc.	2:15-cv-14411
329	Daneen M. Schiskey, John Schiskey v. American Medical Systems, Inc.	2:15-cv-14408
330	Bobbye W. Hughes, Billy J. Hughes v. American Medical Systems, Inc.	2:15-cv-14527
331	Mary Lou Alevrides v. American Medical Systems, Inc.	2:15-cv-14591
332	Keri Flechter, Eric Fletcher v. American Medical Systems, Inc.	2:15-cv-14776
333	Dorothy Briggs v. American Medical Systems, Inc.	2:15-cv-14795
334	Angela McGinnis, Shawn McGinnis v. American Medical Systems, Inc.	2:15-cv-14797
335	Laurie Hart, Steven Hart v. American Medical Systems, Inc.	2:15-cv-14819
336	Pamela Alexander, Charles Alexander v. American Medical Systems, Inc.	2:15-cv-14849
337	Kathryn H. Singleton v. American Medical Systems, Inc.	2:15-cv-14855
338	Cindy Tenaglio, Daniel Tenaglio v. American Medical Systems, Inc.	2:15-cv-14933
339	Mary Course v. American Medical Systems, Inc.	2:15-cv-15115
340	Evelyn Gaines v. American Medical Systems, Inc.	2:15-cv-15260
341	Natalia Poliakova v. American Medical Systems, Inc.	2:15-cv-15523
342	Phyllis Eiden v. American Medical Systems, Inc.	2:15-cv-15536
343	Sharon Corio, Peter Corio v. American Medical Systems, Inc.	2:15-cv-15713
344	Penny Barry, Thomas P. Barry v. American Medical Systems, Inc.	2:15-cv-15715
345	Faye Koch, Herbert Kronberg v. American Medical Systems, Inc.	2:15-cv-15722
346	Mary Mandelburg v. American Medical Systems, Inc.	2:15-cv-15873
347	Marilyn Veenendaal, John Veenendaal v. American Medical Systems, Inc.	2:15-cv-15926
348	Carolyn Bloxham, Glenn Bloxham v. American Medical Systems, Inc.	2:15-cv-16021
349	Elaine Langlois, Mark Langlois v. American Medical Systems, Inc.	2:15-cv-16073
350	Wanda Johnson, Larry Johnson v. American Medical Systems, Inc.	2:15-cv-16109
351	Beverly A. Smith v. American Medical Systems, Inc.	2:15-cv-16297
352	Linda Thompson v. American Medical Systems, Inc.	2:15-cv-16298
353	Lisa Carlyle v. American Medical Systems, Inc.	2:15-cv-16358
354	Jeanette Hernandez v. American Medical Systems, Inc.	2:15-cv-16359
355	Nancy Mauldin, Sanford L. Mauldin v. American Medical Systems, Inc.	2:15-cv-16366
356	Hilda Munoz, Guillermo Munoz v. American Medical Systems, Inc.	2:15-cv-16368
357	Deborah Myers, Harry S. Myers v. American Medical Systems, Inc.	2:15-cv-16369
358	Lynda Slayton-Rein v. American Medical Systems, Inc.	2:15-cv-16370
359	Tina L. Stone v. American Medical Systems, Inc.	2:15-CV-16477
360	Rose Thompson v. American Medical Systems, Inc.	2:15-cv-16479
361	Florence M. Oatts v. American Medical Systems, Inc.	2:15-cv-16487
362	Marlene Williams v. American Medical Systems, Inc.	2:15-cv-16488
363	Jamie Bouldry v. American Medical Systems, Inc.	2:15-cv-16489
364	Carol Anderson v. American Medical Systems, Inc.	2:15-cv-16596
365	Anita Nielsen v. American Medical Systems, Inc.	2:15-cv-16618
366	Deborah Boneta, Diego Boneta v. American Medical Systems, Inc.	2:15-cv-16617
367	Margo Gabbott, Wm. Jeoffrey Gabbott v. American Medical Systems, Inc.	2:16-cv-00195
368	Dawn Perreault v. American Medical Systems, Inc.	2:16-cv-00196

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369	Realeene Chapin v. American Medical Systems, Inc.	2:16-cv-00197
370	Elizabeth Plumlee v. American Medical Systems, Inc.	2:16-cv-00208
371	Beverly Gallimore v. American Medical Systems, Inc.	2:16-cv-00234
372	Donna L. Smith v. American Medical Systems, Inc.	2:16-cv-00235
373	Verna Martin v. American Medical Systems, Inc.	2:16-cv-00239
374	Doris Klein, Jarold Klein v. American Medical Systems, Inc.	2:16-cv-00359
375	Tamara R. Marsh, Randy Marsh v. American Medical Systems, Inc.	2:16-cv-00575
376	Rosalind Mason, Ronald Mason v. American Medical Systems, Inc.	2:16-cv-00577
377	Mary E. Kramer v. American Medical Systems, Inc.	2:16-cv-00683
378	Kathy Rebecca Fraser Eaton, James Daniel Eaton v. American Medical Systems, Inc.	2:16-cv-00712
379	Melissa Crowder v. American Medical Systems, Inc.	2:16-cv-00814
380	Virginia Hamlin, John Hamlin v. American Medical Systems, Inc.	2:16-cv-00816
381	Cindy Kay Eller v. American Medical Systems, Inc.	2:16-cv-00818
382	Cheryl Hines v. American Medical Systems, Inc.	2:16-cv-00868
383	Ann Crawford v. American Medical Systems, Inc.	2:16-cv-01174
384	Virginia Thompson v. American Medical Systems, Inc.	2:16-cv-01528
385	Dolores Burkhart-Givens v. American Medical Systems, Inc.	2:16-cv-01501
386	Sherry E. Gordon, Clyde E. Gordon v. American Medical Systems, Inc.	2:16-cv-01726
387	Jo Ann Martin, Joseph Martin v. American Medical Systems, Inc.	2:16-cv-01942
388	Bonnie Bergstrom v. American Medical Systems, Inc.	2:16-cv-01943
389	Angela Hendricks, Michael Hendricks v. American Medical Systems, Inc.	2:16-cv-01944
390	Paula Goodrich, Jeff Goodrich, Patsy Dover v. American Medical Systems, Inc.	2:16-cv-02029
391	Jessica Arroyo-Burgos v. American Medical Systems, Inc.	2:16-cv-02157
392	Margarita S. Shipley, Jere James Shipley v. American Medical Systems, Inc.	2:16-cv-02281
393	Krista Krug, Everett Krug v. American Medical Systems, Inc.	2:16-cv-02303
394	Irene Camarillo, Armando Garate v. American Medical Systems, Inc.	2:16-cv-02362
395	Linda Shore v. American Medical Systems, Inc.	2:16-cv-02389
396	Anna Carver v. American Medical Systems, Inc.	2:16-cv-02539
397	Barbara Barker, Douglas Wayne Barker v. American Medical Systems, Inc.	2:16-cv-02541
398	Linda Kreighbaum v. American Medical Systems, Inc.	2:16-cv-02601
399	Judy Gesling v. American Medical Systems, Inc.	2:16-cv-02603
400	Linda Ransom, John Mayes v. American Medical Systems, Inc.	2:16-cv-02605
401	Billie Thompson, Robert Thompson v. American Medical Systems, Inc.	2:16-cv-02630
402	Dixie C. Gifford v. American Medical Systems, Inc.	2:16-cv-02632
403	Janice Johnson v. American Medical Systems, Inc.	2:16-cv-02633
404	Jacque F. Whitaker, Walter Whitaker v. American Medical Systems, Inc.	2:16-cv-02634
405	Betty Altman, Wyley Altman v. American Medical Systems, Inc.	2:16-cv-02720
406	Virginia Roberts, Jack Roberts v. American Medical Systems, Inc.	2:16-cv-02756
407	Gay Sharon Brothers v. American Medical Systems, Inc.	2:16-cv-02758
408	Luz Perez, Dario Perez v. American Medical Systems, Inc.	2:16-cv-02840
409	Beverly Kohr v. American Medical Systems, Inc.	2:16-cv-03193

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410	Sharon Coley v. American Medical Systems, Inc.	2:16-cv-03213
411	April M. Zambrano, Jimmy Zambrano v. American Medical Systems, Inc.	2:16-cv-03401
412	Virginia Gomez-Bedawi v. American Medical Systems, Inc.	2:16-cv-03612
413	Pirdy F. Nelson v. American Medical Systems, Inc.	2:16-cv-03619
414	Sandra Feaker, Gary Feaker v. American Medical Systems, Inc.	2:16-cv-03663
415	Amy Doss v. American Medical Systems, Inc.	2:16-cv-03722
416	Wilma Lee v. American Medical Systems, Inc.	2:16-cv-03736
417	Carolyn Bartley v. American Medical Systems, Inc.	2:16-cv-03930
418	Inc.	2:16-cv-04025
419	Angela Hopewell v. American Medical Systems, Inc.	2:16-cv-04104
420	Debbie Landon v. American Medical Systems, Inc.	2:16-cv-04215
421	Doreen Barker, Paul Barker v. American Medical Systems, Inc.	2:16-cv-04219
422	Jennifer Born v. American Medical Systems, Inc.	2:16-cv-04222
423	Shelly Justensen v. American Medical Systems, Inc.	2:16-cv-04229
424	Luz Maria Carlos, Rodolfo Carlos v. American Medical Systems, Inc.	2:16-cv-04234
425	Barbara Boone, John Lois Boone v. American Medical Systems, Inc.	2:16-cv-04279
426	Darla Enzbrenner v. American Medical Systems, Inc.	2:16-cv-04380
427	Yolande Hunte v. American Medical Systems, Inc.	2:16-cv-04461
428	Christine Pacewicz, Edward Pacewicz v. American Medical Systems, Inc.	2:16-cv-04593
429	Margaret Whitehead, Richard Whitehead v. American Medical Systems, Inc.	2:16-cv-04658
430	Beatrice Dotson v. American Medical Systems, Inc.	2:16-cv-04745
431	Loretta Spurlock v. American Medical Systems, Inc.	2:16-cv-04739
432	Jacqueline Bates v. American Medical Systems, Inc.	2:16-cv-04777
433	Lyndsay Givens, Reagan Givens v. American Medical Systems, Inc.	2:16-cv-04781
434	Mary Gomez, George Gomez v. American Medical Systems, Inc.	2:16-cv-04784
435	Connie Kukla, Steve Kukla v. American Medical Systems, Inc.	2:16-cv-04788
436	Heather Walker v. American Medical Systems, Inc.	2:16-cv-04924
437	Daria Gamble v. American Medical Systems, Inc.	2:16-cv-04932
438	Linda Conyers v. American Medical Systems, Inc.	2:16-cv-04997
439	Betty Hardie v. American Medical Systems, Inc.	2:16-cv-05039
440	Tremeka Woods, Earl Woods v. American Medical Systems, Inc.	2:16-cv-05043
441	Darla Feery, Jerome Feery v. American Medical Systems, Inc.	2:16-cv-05177
442	Bonnie Krauskoff, Michael Belfy v. American Medical Systems, Inc.	2:16-cv-05202
443	Nancy Romero v. American Medical Systems, Inc.	2:16-cv-05203
444	Lystra Lennard Ramnarine v. American Medical Systems, Inc.	2:16-cv-05227
445	Casey Rutter v. American Medical Systems, Inc.	2:16-cv-05229
446	Lynn Ann Fontenot, James Lee Fontenot v. American Medical Systems, Inc.	2:16-cv-05476
447	Barbara Carter v. American Medical Systems, Inc.	2:16-cv-05602
448	Mirtha Soto, Israel Rosario Vega v. American Medical Systems, Inc.	2:16-cv-05685
449	Grace Sorensen v. American Medical Systems, Inc.	2:16-cv-05695
450	Robin Evans v. American Medical Systems, Inc.	2:16-cv-05842
451	Elaine Kouba v. American Medical Systems, Inc.	2:16-cv-05847
452	Ginger E. Tupper, Willis C. Tupper v. American Medical Systems, Inc.	2:16-cv-06110

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453	Deidra Y. Johnson, Gregory A. Johnson v. American Medical Systems, Inc.	2:16-cv-06113
454	Scotta Orr v. American Medical Systems, Inc.	2:16-cv-06187
455	Juanita Alcin v. American Medical Systems, Inc.	2:16-cv-06189
456	Dorothy Dills-Filor v. American Medical Systems, Inc.	2:16-cv-06291
457	Diana Marlene Musgrave v. American Medical Systems, Inc.	2:16-cv-06431
458	Nancy Justice, James Justice v. American Medical Systems, Inc.	2:16-cv-06770
459	Jennifer Wilson, James Wilson v. American Medical Systems, Inc.	2:16-cv-07050
460	Ashley Wiegand v. American Medical Systems, Inc.	2:16-cv-07273
461	Mary Lane, William Lane v. American Medical Systems, Inc.	2:16-cv-07582
462	Mary Ellen Call v. American Medical Systems, Inc.	2:16-cv-07608
463	Cindy L. Davison v. American Medical Systems, Inc.	2:16-cv-07609
464	Bertha Garcia v. American Medical Systems, Inc.	2:16-cv-07611
465	Lorelie Jenson v. American Medical Systems, Inc.	2:16-cv-07612
466	Roxanne D. Lyons v. American Medical Systems, Inc.	2:16-cv-07613
467	Patrice D. Pirk v. American Medical Systems, Inc.	2:16-cv-07615
468	Irma Jensen v. American Medical Systems, Inc.	2:16-cv-07616
469	Carolyn A. Stepp, Richard Stepp v. American Medical Systems, Inc.	2:16-cv-07617
470	Ruth Harris, James Harris v. American Medical Systems, Inc.	2:16-cv-07618
471	Connie L. Orpurt v. American Medical Systems, Inc.	2:16-cv-07619
472	Gladys Lopez v. American Medical Systems, Inc.	2:16-cv-07620
473	Phyllis Mason v. American Medical Systems, Inc.	2:16-cv-07622
474	Linda Phares, John Phares v. American Medical Systems, Inc.	2:16-cv-07623
475	Dorena R. Mosier v. American Medical Systems, Inc.	2:16-cv-07626
476	Deloris Myers v. American Medical Systems, Inc.	2:16-cv-07628
477	Melanie Robinson v. American Medical Systems, Inc.	2:16-cv-07641
478	Dorothy Jan Bertrand v. American Medical Systems, Inc.	2:16-cv-07646
479	Adriana E. Ayala v. American Medical Systems, Inc.	2:16-cv-07648
480	Caroline Matarazzo v. American Medical Systems, Inc.	2:16-cv-07755
481	Kathy Dover v. American Medical Systems, Inc.	2:16-cv-07903
482	Kelly Brent Rowe, Sarah Rowe v. American Medical Systems, Inc.	2:16-cv-07948
483	Linda K. Morgan v. American Medical Systems, Inc.	2:16-cv-08026
484	Dianna Ramirez, Joseph DePiazza v. American Medical Systems, Inc.	2:16-cv-08339
485	Roberta L. Nicholson, Russell J. Waldroff v. American Medical Systems, Inc.	2:16-cv-08340
486	Juanita Cucurella v. American Medical Systems, Inc.	2:16-cv-08342
487	Areliia E. Gonzalez v. American Medical Systems, Inc.	2:16-cv-08344
488	Valerie Conerly, Rodney Conerly v. American Medical Systems, Inc.	2:16-cv-08390
489	Lucille D. Espinosa v. American Medical Systems, Inc.	2:16-cv-08391
490	Euninse Miranda, Joel Otero v. American Medical Systems, Inc.	2:16-cv-08394
491	Olga Ponce v. American Medical Systems, Inc.	2:16-cv-08395
492	Shirlee Schmidt, Jerome Schmidt v. American Medical Systems, Inc.	2:16-cv-08396
493	Norma N. Ybarra v. American Medical Systems, Inc.	2:16-cv-08397
494	Maria Ortega, Efrain Ortega v. American Medical Systems, Inc.	2:16-cv-08399
495	Kristi Liebengood, Lonnie Liebengood v. American Medical Systems, Inc.	2:16-cv-08401

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496	Ivonne Flores v. American Medical Systems, Inc.	2:16-cv-08455
497	Rosa Olivares v. American Medical Systems, Inc.	2:16-cv-08456
498	Olivia Salinas v. American Medical Systems, Inc.	2:16-cv-08458
499	Leslie A. Rainwater, Thomas H. Rainwater v. American Medical Systems, Inc.	2:16-cv-08459
500	Deanna Leiler v. American Medical Systems, Inc.	2:16-cv-08471
501	Lisa Marie Campbell, Kenneth Campbell v. American Medical Systems, Inc.	2:16-cv-08565
502	Kinda Schuler v. American Medical Systems, Inc.	2:16-cv-08685
503	Diana Jean George v. American Medical Systems, Inc.	2:16-cv-08966
504	Yolanda Mendes v. American Medical Systems, Inc.	2:16-cv-08974
505	Audrey Chisholm, Sean Chisholm v. American Medical Systems, Inc.	2:16-cv-08979
506	Linda S. Yates, Melvin E. Yates v. American Medical Systems, Inc.	2:16-cv-09005
507	Leticia Arroyo v. American Medical Systems, Inc.	2:16-cv-09102
508	Anna Lairson v. American Medical Systems, Inc.	2:16-cv-09285
509	Dorothy G. Walton v. American Medical Systems, Inc.	2:16-cv-09311
510	Betty DeLuca v. American Medical Systems, Inc.	2:16-cv-09322
511	Maxine M. Endicott v. American Medical Systems, Inc.	2:16-cv-09331
512	Tina Derouen, Casey Derouen v. American Medical Systems, Inc.	2:12-cv-01916
513	Phyllis Lee v. American Medical Systems, Inc.	2:12-cv-02155
514	Judy Knoche v. American Medical Systems, Inc.	2:12-cv-04376
515	Agnes Waller, Earl Waller v. American Medical Systems, Inc.	2:12-cv-06433
516	Barbara S. Tripp, James J. Tripp, Sr. v. American Medical Systems, Inc.	2:12-cv-06731
517	Judy C. Rowland, Jessie D. Rowland v. American Medical Systems, Inc.	2:12-cv-07690

**IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA**

CHARLESTON DIVISION

IN RE: AMERICAN MEDICAL
SYSTEMS, INC. PELVIC REPAIR
SYSTEM PRODUCTS LIABILITY
LITIGATION

MDL No. 2325

THIS DOCUMENT RELATES TO

Civil Action No.: _____

Name of Plaintiff

PLAINTIFF FACT SHEET

Each plaintiff who allegedly suffered injury as a result of a pelvic mesh product manufactured or sold by American Medical Systems, Inc. must complete this Plaintiff Fact Sheet. In completing this Fact Sheet, you are under oath and must answer every question and provide information that is true and correct to the best of your knowledge. If you cannot recall all of the details requested, please provide as much information as you can and then state that your answer is incomplete and explain why as appropriate. If you select an "I Don't Know" answer, please state all that you do know about that subject. If any information you need to complete any part of the Fact Sheet is in the possession of your attorney, please consult with your attorney so that you can fully and accurately respond to the questions set out below. If you are completing the Fact Sheet for someone who cannot complete the Fact sheet herself, please answer as completely as you can.

The Fact Sheet shall be completed in accordance with the requirements and guidelines set forth in the applicable Case Management Order. A completed Fact Sheet shall be considered interrogatory answers pursuant to Fed. R. Civ. P. 33 and 34 and will be governed by the standards applicable to written discovery under Fed. R. Civ. P. 26 through 37. You must supplement your responses if you learn that they are incomplete or incorrect in any material respect. The questions and requests for production contained in the Fact Sheet are non-objectionable and shall be answered without objection. This Fact Sheet shall not preclude Defendants from seeking additional documents and information on a reasonable, case-by-case basis pursuant to the Federal Rules of Civil Procedure and as permitted by the applicable Case Management Order.

In filling out this form, please use the following definition: "healthcare provider" means any doctor, physician, surgeon, pharmacist, hospital, clinic, center, physician's office, infirmary, medical or diagnostic laboratory, or other facility that provides medical care or advice, and any pharmacy, x-ray department, radiology department, laboratory, physical therapist or physical

therapy department, rehabilitation specialist, chiropractor, or other persons or entities involved in the diagnosis, care and/or treatment of you.

In filling out this form, the terms "You" or "Your" refer to the person who received pelvic mesh product(s) manufactured or sold by American Medical Systems, Inc. and who is identified in Question I.1 (a) below.

To the extent that the form does not provide enough space to complete your responses or answers, please attach additional sheets as necessary.

I. BACKGROUND INFORMATION

- 1) Please state:
 - a. Full name of the person who received the pelvic mesh product(s), including maiden name:

 - b. Full name of the person completing this form, if different from the person listed in 1 (a) above, and the relationship of the person completing this form to the person listed in 1 (a) above: _____
 - c. The name and address of your primary attorney:_____
- 2) Your Social Security Number: _____
- 3) Your date of birth: _____
- 4) Your current residence address:_____

If you have lived at this address for less than 10 years, provide each of your prior residence addresses from 2000 to the present:

Prior Address	Dates You Lived At This Address

5) Have you ever been married? **Yes** ___ **No** ___

If yes, provide the names and addresses of each spouse and the inclusive dates of your marriage to each person.

6) Do you have children? **Yes** ___ **No** ___

If Yes, please provide the following information with respect to each child:

Full Name of Child	Date of Birth	Home Address (if different from yours)	Whether Biological/Adopted

7) Identify the name and age of any person who currently resides with you and their relationship to you:

8) Identify all secondary and post-secondary schools you attended, starting with high school and please provide the following information with respect to each:

Name of School	Address	Dates of Attendance	Degree Awarded	Major or Primary Field

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9) Please provide the following information for your employment history over the past 10 years up until the present:

Employer Name	Addresses	Job Title/ Description of Duties	Dates of Employment	Salary/Rate of Pay

10) Have you ever served in any branch of the military? **Yes** ___ **No** ___

If Yes, please provide the following information:

a. Branch and dates of service, rank upon discharge and the type of discharge you received: _____

b. Were you discharged from the military at any time for any reason relating to your medical, physical, or psychiatric condition? **Yes** ___ **No** ___

If Yes, state what that condition was: _____

11) Within the last ten years, have you been convicted of, or plead guilty to, a felony and/or crime of fraud or dishonesty? **Yes** ___ **No** ___

If Yes, please set forth where, when and the felony and/or crime:

II. CLAIM INFORMATION

- 1) Please complete the following chart for each implanted American Medical Systems, Inc. pelvic mesh product. Insert additional lines as necessary.

Pelvic Mesh Product and lot number (if sticker affixed, so indicate)	Date and Location of Implant	Reason for Implant	Implanting Doctor and Address
<u>Product No. 1:</u>			
<u>Product No. 2:</u>			
<u>Product No. 3:</u>			

- 2) For each pelvic mesh product identified above, describe your understanding of the medical condition for which you received the pelvic mesh product(s): _____

- 3) For each American Medical Systems, Inc. pelvic mesh product identified above, indicate if, prior to implantation, you received any written and/or verbal information or instructions, including any risks or complications that might be associated with the use of the product(s)? **Yes** ___ **No** ___ **Don't Know** ___

If Yes:

- a. Provide the date you received the written and/or verbal information or instructions:

- b. Identify by name and address the person(s) who provided the information or instructions: _____

- c. What information or instructions did you receive? _____

d. If you have copies of the written information or instructions you received, please attach copies to your response.

4) For each American Medical Systems, Inc. pelvic mesh product(s) that remains implanted in you:

a. Has any doctor recommended removal of the pelvic mesh product(s)?

Yes ___ **No** ___

If Yes, Identify by name and address the doctor who recommended removal and state your understanding of why the doctor recommended removal:

5) Have any of the American Medical Systems, Inc., pelvic mesh product(s) been removed, in whole or in part?

Yes ___ **No** ___ **Don't Know** ___

If Yes, for each pelvic mesh product removed provide:

a. On what date, where and by whom (doctor) was the pelvic mesh product(s), or any portion of it, removed? _____

b. Explain why you consented to have the pelvic mesh product(s), or any portion of it, removed? _____

c. Does any medical treater, physician or anybody else on your behalf have possession of any portion of the pelvic mesh product® that was previously implanted in you and removed? **Yes** ___ **No** ___ **Don't Know** ___

If Yes, please state name and address of the person or entity having possession of same. _____

6) Do you claim that you suffered bodily injuries as a result of the implantation of any American Medical Systems, Inc., pelvic mesh product(s)? **Yes** ___ **No** ___

If Yes:

a. Describe the bodily injuries, including any emotional or psychological injuries, that you claim resulted from the implantation of the pelvic mesh product(s).

b. When is the first time you experienced symptoms of any of the bodily injuries you claim in your lawsuit to have resulted from the pelvic mesh product(s)?

c. When did you first attribute these bodily injuries to the pelvic mesh product(s)?

d. To the best of your knowledge and recollection, please state approximately when you first saw a health care provider for each of those bodily injuries you claim to have experienced relating to the pelvic mesh product(s):

e. Are you currently experiencing symptoms related to your claimed bodily injuries?
Yes ___ **No** ___

If Yes, please describe your current symptoms in detail

f. Are you currently seeing, or have you ever seen a doctor or healthcare provider for each of the bodily injuries or symptoms listed above? **Yes** ___ **No** ___

If Yes, please list all doctors you have seen for treatment of any of the bodily injuries you have listed above.

Provider Name and Address	Condition Treated	Approximate Dates of Treatment

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g. Were you hospitalized at any time for the bodily injuries you listed above?
Yes ___ **No** ___

If Yes, please provide the following:

Hospital Name and Address	Condition Treated	Approximate Dates of Treatment

7) Other than the American Medical Systems, Inc. pelvic mesh product(s) that are the subject of your lawsuit, have you been implanted with any other pelvic mesh products?
Yes ___ **No** ___

If Yes, please provide the following information:

a. Product Name(s): _____

b. Date of implantation procedure(s) and name and address of implanting doctor(s):

c. Condition(s) sought to be treated through placement of the device(s):

d. Whether the product(s) remain implanted inside of you today?
Yes ___ **No** ___

8) Are you making a claim for lost wages or lost earning capacity?

Yes ___ **No** ___

If Yes, state the annual gross income you derived from your employment for each year, beginning five years prior to the implantation of the pelvic mesh product(s) until the present:

9) Are you making a claim for lost out-of-pocket expenses?

Yes ___ **No** ___

If Yes, please identify and itemize all out-of-pocket expenses you have incurred:

10) Has anyone filed a loss of consortium claim in connection with your lawsuit regarding the pelvic mesh product(s)?

Yes ___ **No** ___

If Yes, identify by name and address the person who filed the loss of consortium claim, state the relationship of that person to you, and state the nature of the claim:

11) Please indicate whether the consortium plaintiff is alleging any of the claimed damages set forth below and itemize the alleged damages/expenses:

Claims	Yes/ No	Itemized Damages/Expenses
Loss of services of spouse		Not applicable
Impaired sexual relations		Not applicable
Lost wages/ lost earning capacity		
Lost out-of-pocket expenses		
Physical injuries		Not applicable
Psychological Injuries/ Emotional Injuries		Not applicable
Other		Not applicable

- 12) Please list the name and address of any healthcare providers the consortium plaintiff has seen for treatment for any physical, emotional, or psychological injuries or symptoms alleged to be related to the loss of consortium claim.

- 13) Have you or anyone acting on your behalf had any communication, oral or written, with any of the defendants or their representatives, other than your attorneys?

Yes ___ No ___ Don't Know ___

If Yes, set forth the date of the communication, the method of communication, the name of the person with whom you communicated, and the substance of the communication between you and any defendants or their representatives:

III. MEDICAL BACKGROUND

- 1) Provide your current age: _____ Height _____ Weight _____
- 2) At the time you received each pelvic mesh product(s), please state:
Your age _____ Your approximate weight _____
- 3) State number of vaginal births you have had? _____
- 4) State the number of cesarean section births you have had? _____
- 5) In chronological order, list any and all surgeries, procedures, or hospitalizations you had in the 10 year period **BEFORE** implantation of the pelvic mesh product(s); identifying by name and address the doctor(s), hospital(s) or other healthcare provider(s) involved with each surgery or procedure; and providing the approximate date(s) for each. Insert additional rows as necessary.

Doctor or Healthcare Provider Involved (including address)	Description of Surgery Hospitalization	Approximate. Date

6) In chronological order, list any and all surgeries, procedures, or hospitalizations you had **AFTER** the implantation of the pelvic mesh product(s); identifying by name and address the doctor(s), hospital(s) or other healthcare provider(s) involved with each surgery or procedure; and provide the approximate date(s) for each. Insert additional rows as necessary.

Doctor or Healthcare Provider Involved (including address)	Description of Surgery/ Hospitalization	Approximate Date

- 7) To the extent not already provided in the charts above, provide the name, address, and telephone number of every doctor, hospital, or other health care provider from which you have received medical advice and/or treatment for the past **10 years**. Insert additional rows as necessary.

Name and Specialty	Address	Approximate Dates/Years of Visits

- 8) Please describe your physical activities associated with daily living, physical fitness, household tasks, and employment-related activities *before* the implantation of each pelvic mesh product.

- 9) Please describe your physical activities associated with daily living, physical fitness, household tasks, and employment-related activities *after* the implantation of the pelvic mesh product(s).

10) To the best of your knowledge, you have suffered from any of the following:

Medical Condition		Sought treatment for?	Indicate whether condition occurred pre-implant, post-implant or both (explain, if necessary)
Adhesions	Yes ___ No ___	Yes ___ No ___	Pre ___ Post ___
Bleeding or Clotting Disorders If Yes , please specify disorder:	Yes ___ No ___	Yes ___ No ___	Pre ___ Post ___
Bowel Obstruction	Yes ___ No ___	Yes ___ No ___	Pre ___ Post ___
Bowel Perforation	Yes ___ No ___	Yes ___ No ___	Pre ___ Post ___
Cancer If Yes , please specify type:	Yes ___ No ___	Yes ___ No ___	Pre ___ Post ___
Chronic Constipation	Yes ___ No ___	Yes ___ No ___	Pre ___ Post ___
Collagen Disorder/Deficiency	Yes ___ No ___	Yes ___ No ___	Pre ___ Post ___
Connective Tissue Disorder If Yes , please specify disorder:	Yes ___ No ___	Yes ___ No ___	Pre ___ Post ___
Crohn's Disease, Irritable Bowel Syndrome, Ulcerative Colitis, or Chronic Diarrhea	Yes ___ No ___	Yes ___ No ___	Pre ___ Post ___

If Yes , please specify which condition and treatment prescribed:			
Cystocele	Yes ___ No ___	Yes ___ No ___	Pre ___ Post ___
Diabetes	Yes ___ No ___	Yes ___ No ___	Pre ___ Post ___
Diverticulitis	Yes ___ No ___	Yes ___ No ___	Pre ___ Post ___
Dyspareunia	Yes ___ No ___	Yes ___ No ___	Pre ___ Post ___
Enterocoele	Yes ___ No ___	Yes ___ No ___	Pre ___ Post ___
Fistulas	Yes ___ No ___	Yes ___ No ___	Pre ___ Post ___
Hernias	Yes ___ No ___	Yes ___ No ___	Pre ___ Post ___
Hypertension or High Blood Pressure	Yes ___ No ___	Yes ___ No ___	Pre ___ Post ___
Hypotension or Low Blood Pressure	Yes ___ No ___	Yes ___ No ___	Pre ___ Post ___
Immune System Disease or Dysfunction including HIV/AIDS If Yes , please specify condition:	Yes ___ No ___	Yes ___ No ___	Pre ___ Post ___
Malnutrition	Yes ___ No ___	Yes ___ No ___	Pre ___ Post ___
Muscle or Muscle-Wasting Disorder If Yes , please specify disorder:	Yes ___ No ___	Yes ___ No ___	Pre ___ Post ___
Neuromuscular Disease or Disorder	Yes ___ No ___	Yes ___ No ___	Pre ___ Post ___

If Yes , please specify disorder:			
Obesity	Yes ___ No ___	Yes ___ No ___	Pre ___ Post ___
Pelvic Trauma			
If Yes , please describe trauma:	Yes ___ No ___	Yes ___ No ___	Pre ___ Post ___
Pelvic Tumors or Fibroids	Yes ___ No ___	Yes ___ No ___	Pre ___ Post ___
Peritonitis/Sepsis	Yes ___ No ___	Yes ___ No ___	Pre ___ Post ___
Rectocele	Yes ___ No ___	Yes ___ No ___	Pre ___ Post ___
Recurrent or Chronic Vaginal or Bladder Infections			
If Yes , please specify location and nature of infections:	Yes ___ No ___	Yes ___ No ___	Pre ___ Post ___
Recurrent Vaginal Pain			
If Yes , please describe the nature of pain experienced:	Yes ___ No ___	Yes ___ No ___	Pre ___ Post ___
Urinary Incontinence	Yes ___ No ___	Yes ___ No ___	Pre ___ Post ___
Urinary Retention	Yes ___ No ___	Yes ___ No ___	Pre ___ Post ___
Uterine Prolapse	Yes ___ No ___	Yes ___ No ___	Pre ___ Post ___
Vaginal Vault Prolapse	Yes ___ No ___	Yes ___ No ___	Pre ___ Post ___

<p>Wound Healing Problems</p> <p>If Yes, please explain:</p>	<p>Yes ___ No ___</p>	<p>Yes ___ No ___</p>	<p>Pre ___ Post ___</p>
<p>Any other disease of the gut, intestines, or bowels</p> <p>If Yes, please specify condition (s):</p>	<p>Yes ___ No ___</p>	<p>Yes ___ No ___</p>	<p>Pre ___ Post ___</p>

Exhibit B

THE FOLLOWING QUESTIONS ARE CONFIDENTIAL AND SUBJECT TO THE PROTECTIVE ORDER APPLICABLE TO THIS CASE.

- a) **Were you diagnosed with and/or treated for Sexually Transmitted Diseases for the five year period prior to the implantation of the pelvic mesh product(s) through the present?**

Yes ___ No ___

If Yes, specify the disease, date of onset, medication/treatment, treating physician and current status of condition:

- b) **Have you been diagnosed with and/or treated for any alcohol or chemical dependency for the one year prior to the implantation of the pelvic mesh product(s) through the present?**

Yes ___ No ___

If Yes, specify type and time period of dependency, type of treatment received, name of treatment provider, and current status of condition:

- c) **Have you experienced, been diagnosed with or been treated for any mental health conditions including depression, anxiety or other emotional or psychiatric disorders in the 5 year period before implantation of the pelvic mesh product(s) through the present?**

Yes ___ No ___

If Yes, specify condition, date of onset, medication/treatment, treating physician and current status of condition:

11) Have you experienced menopause? **Yes** ___ **No** ___

If Yes, at what age did it begin? _____

12) Have you undergone vaginal estrogen therapy, hormone therapy, or systemic estrogen replacement therapy (ERT)? **Yes** ___ **No** ___

If Yes, please provide the type of therapy you received, date(s) of the therapy, and the name and address of the healthcare provider providing the therapy.

13) Do you now or have you ever smoked tobacco products? **Yes** ___ **No** ___

If Yes:

a) How long have/did you smoke?

14) List each prescription medication you have taken **for more than 3 months at a time, within the last 5 years prior to implant to present**, giving the name and address of the pharmacy where you received/filled the medication, the reason you took the medication, and the approximate dates of use.

Medication and Dosage	Pharmacy (Name and Address)

IV. INSURANCE INFORMATION

- 1) Provide the following information for any past or present medical insurance coverage within the last 10 years:

Insurance Company (Name and Address)	Policy Number	Name of Policy Holder/Insured (if different than you)	Approx. Dates of Coverage

- 2) Have you ever been denied life insurance for reasons relating to your health?

Yes ___ **No** ___ **Don't Know** ___

If Yes, please state when the denial occurred, the name of the life insurance company, and the company's reason for denial: _____

- 3) To the best of your knowledge, have you been approved to receive or are you receiving Medicare benefits due to age, disability, condition or any other reason or basis?

Yes ___ **No** ___

If Yes, please specify the following:

- a) The date on which you first became eligible: _____

[Please note: if you are not currently a Medicare-eligible beneficiary, but become eligible for Medicare during the pendency of this lawsuit, you must supplement your response at that time. This information is necessary for all parties to comply with Medicare regulations. See 42 U.S.C. 1395y(b)(8), also known as Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007 and 42 U.S.C. 1395y(b)(2) also known as the Medicare Secondary Payer Act.]

V. PRIOR CLAIM INFORMATION

1) Have you filed a lawsuit or made a claim in the last 10 years, other than in the present suit relating to any bodily injury?

Yes ___ **No** ___

If Yes, please specify the following:

a) Court in which suit/claim filed or made: _____

b) Case/Claim Number: _____

c) Nature of Claim/Injury: _____

2) Have you applied for workers' compensation (WC), Social Security disability (SSI or SSD) benefits, or other state or federal disability benefits within the past 10 years?

Yes ___ **No** ___

If Yes, please specify the following:

a) Date (or year) of application: _____

b) Type of benefits sought _____

c) Agency/Insurer from which you sought the benefits: _____

d) The nature of the claimed injury/disability: _____

e) Whether the claim was accepted or denied: _____

VI. FACT WITNESSES

- 1) Please identify all persons who you believe possess information concerning your injury(ies) and current medical conditions, other than your healthcare providers, and please state their name address and his/her/their relationship to you:

Name	Address	Relationship to You	Information you Believe Person Possesses

VII. IDENTIFICATION OF DOCUMENTS AND OTHER ELECTRONICALLY STORED INFORMATION

For the period beginning three years prior to implantation of the pelvic mesh product(s) to present, please identify all research, including on-line research, you have conducted regarding the subjects of this litigation, including the implantation of the pelvic mesh product(s), the injuries and/or damages you claim resulted from the implantation of the pelvic mesh product(s), or your medical or physical condition. Identify date, time, and source, including any websites visited. Research conducted to understand the legal and strategic advice of your counsel is not considered responsive to this request.

VIII. DOCUMENT REQUESTS

1) **RELEASES.**

NOTE: Please sign and attach to this Fact Sheet the authorizations for the release of records appended hereto.

2) **DOCUMENTS.** State whether you have any of the following documents in your possession, custody, and/or control. If you do, please provide a true and correct copy of any such documents with this completed Fact Sheet.

a) If you were appointed by a court to represent the plaintiff in this lawsuit, produce any documents demonstrating your appointment as such.

i. Not Applicable _____

ii. The documents are attached _____ [OR] I have no documents _____

b) If you represent the estate of a deceased person in this lawsuit, produce a copy of the decedent's death certificate and autopsy report (if applicable).

i. Not Applicable _____

ii. The documents are attached _____ [OR] I have no documents _____

c) Produce any communications (sent or received) in your possession, which shall include materials accessible to you from any computer on which you have sent or received such communications, concerning the pelvic mesh product(s) or subject litigation, including but not limited to all letters, e-mails, blogs, Facebook posts, tweets, newsletters, etc. sent or received by you. Research conducted to

understand the legal and strategic advice of your counsel is not considered responsive to this request.

i. Not Applicable _____

ii. The documents are attached _____ [OR] I have no documents _____

d) Produce all documents (including journal entries, lists, memoranda, notes, diaries), photographs, video, DVDS or other media, including all copies, discussing or referencing the subjects of this litigation including the pelvic mesh product(s), the injuries and/or damages you claim resulted from the pelvic mesh product(s), or evidencing your physical condition from three years prior to the implantation of the pelvic mesh product(s) to present, including but not limited to the injuries for which you claim relief in this lawsuit. Research conducted to understand the legal and strategic advice of your counsel is not considered responsive to this request.

i. Not Applicable _____

ii. The documents are attached _____ [OR] I have no documents _____

e) Produce any pelvic mesh product packaging, labeling, advertising, or any other pelvic mesh product product-related items in your possession, custody or control.

i. Not Applicable _____

ii. The documents are attached _____ [OR] I have no documents _____

f) Produce all documents concerning any communication between you and the Food and Drug Administration (FDA) or between you and any employee or agent of the Defendants, regarding the pelvic mesh product(s) at issue, except as to those communications which are attorney client/work product privileged.

i. Not Applicable _____

ii. The documents are attached _____ [OR] I have no documents _____

g) Produce all documents in your possession, custody or control evidencing or relating to any correspondence or communication between American Medical Systems, Inc., (or any of its related companies or divisions) and any of your doctors, healthcare providers, and/or you relating to the pelvic mesh product(s), except as to those communications which are attorney client/work product privileged.

- i. Not Applicable _____
 - ii. The documents are attached _____ [OR] I have no documents _____
- h) Produce any and all documents in your possession, custody or control reflecting, describing, or in any way relating to any instructions or warnings you received prior to implantation of any pelvic mesh product(s) concerning the risks and/or benefits of your surgery, including but not limited to any risks and/or benefits associated with the pelvic mesh product(s).
 - i. Not Applicable _____
 - ii. The documents are attached _____ [OR] I have no documents _____
- i) Produce any and all documents reflecting the model number and lot number of the pelvic mesh product(s) you received.
 - i. Not Applicable _____
 - ii. The documents are attached _____ [OR] I have no documents _____
- j) If you underwent surgery to explant in whole or in part the pelvic mesh product(s) that you received: produce any and all documents in your possession, custody or control aside from documents that may have been generated by experts retained by your counsel for litigation purposes, relating to any evaluation of the pelvic mesh product(s) and any other material that was (were) surgically removed from you.
 - i. Not Applicable _____
 - ii. The documents are attached _____ [OR] I have no documents _____
- k) If you claim lost wages or lost earning capacity, copies of your federal and state tax returns for the two years prior to implantation of the pelvic mesh product(s) to the present.
 - i. Not Applicable _____
 - ii. The documents are attached _____ [OR] I have no documents _____
- l) All documents in your possession, custody or control concerning payment by Medicare on the injured party's behalf relating to the injuries claimed in this lawsuit, including but not limited to Interim Conditional Payment summaries and/or estimates prepared by Medicare or its representatives regarding payments made on your behalf for medical expenses relating to the subject of this litigation.

- i. Not Applicable _____
- ii. The documents are attached _____ [OR] I have no documents _____

[Please note: if you are not currently a Medicare-eligible beneficiary, but become eligible for Medicare during the pendency of this lawsuit, you must supplement your response at that time. This information is necessary for all parties to comply with Medicare regulations. See 42 U.S.C. 1395y(b)(8), also known as Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007 and 42 U.S.C. 1395y(b)(2) also known as the Medicare Secondary Payer Act.]

VERIFICATION

I, _____, declare under penalty of perjury subject to all applicable laws, that I have carefully reviewed the final copy of this Plaintiff Fact Sheet dated _____ and verified that all of the information provided is true and correct to the best of my knowledge, information and belief.

Signature of Plaintiff

VERIFICATION OF LOSS OF CONSORTIUM

I, _____, declare under penalty of perjury subject to all applicable laws, that I have carefully reviewed the final copy of this Plaintiff Fact Sheet dated _____ and verified that all of the information provided is true and correct to the best of my knowledge, information and belief.

Signature of Consortium Plaintiff

APPENDIX "A"

(Authorization Forms)

AUTHORIZATION TO DISCLOSE MEDICAL INFORMATION

To:

I, the undersigned, hereby authorize and request the Custodian above-named entity to disclose to _____, any and all medical records, including those that may contain protected health information (PHI) regarding _____, whether created before or after the date of signature. This authorization specifically does not permit _____ to discuss any aspect of medical care or circumstances ex parte and without the presence of my attorney. Records requested may include, but are not limited to:

- a) all medical records, physician's records, surgeon's records, pathology/cytology reports, physicals and histories, laboratory reports, operating room records, discharge summaries, progress notes, patient intake forms, consultations, prescriptions, nurses' notes, birth certificate and other vital statistic records, communicable disease testing and treatment records, correspondence, prescription records, medication records, orders for medications, therapists' notes, social worker's records, insurance records, consent for treatment, statements of account, itemized bills, invoices and any other papers relating to any examination, diagnosis, treatment, periods of hospitalization, or stays of confinement, or documents containing information regarding amendment of protected health information (PHI) in the medical records, copies (NOT originals) of all x-rays, CT scans, MRI films, photographs, and any other radiological, nuclear medicine, or radiation therapy films and of any corresponding reports and requisition records, and any other written materials in its possession relating to any and all medical diagnoses, medical examinations, medical and surgical treatments or procedures. I expressly request that all covered entities under HIPAA identified above disclose full and complete protected medical information. This authorization and release does not allow _____ to request or take possession of pathology/cytology specimens, extracted mesh, pathology/cytology or hematology slides, wet tissue or tissue blocks.
- b) complete copies of all prescription profile records, prescription slips, medication records, orders for medication, payment records, insurance claims forms correspondence and any other records. I expressly request that all covered entities under HIPAA identified above disclose full and complete protected medical information.

A photocopy of this authorization shall be considered as effective and valid as the original, and this authorization will remain in effect until the earlier of: (i) the date of settlement or final disposition of _____ v. _____ or (ii) five (5) years after the date of signature of the undersigned below. The purpose of this authorization is for civil litigation.

NOTICE

- The individual signing this authorization has the right to revoke this authorization at any time, provided the revocation is in writing to _____ except to the extent that the entity has already relied upon this Authorization to disclose protected health information (PHI).
- The individual signing this authorization understands that the covered entity to whom this authorization is directed may not condition treatment, payment, enrollment or eligibility benefits on whether or not the individual signs the authorization.
- The individual signing this authorization understands that protected health information (PHI) disclosed pursuant to this authorization may be subject to redisclosure by the recipients and that, in such case, the disclosed PHI no longer will be protected by federal privacy regulations.
- The individual signing this authorization expressly authorizes the above-named entity to disclose HIV/AIDS records and information to _____.
- The individual signing this authorization understands information authorized for release may include records that may indicate the presence of a communicable disease.
- The individual signing this authorization understands that she/he shall be entitled to receive a copy of all documents requested via this authorization within a reasonable period of time after such records are received by _____.

I have read this Authorization and understand that it will permit the entity identified above to disclose PHI to _____.

Name of Patient

Signature of Patient or Individual

Former/Alias/Maiden Name of Patient

Date

Patient's Date of Birth

Name of Patient Representative

Patient's Social Security Number

Description of Authority

Patient's Address

**AUTHORIZATION AND CONSENT
TO RELEASE PSYCHOTHERAPY NOTES**

Name of Individual:
Social Security Number:
Date of Birth:
Provider Name:

TO: All physicians, hospitals, clinics and institutions, pharmacists and other healthcare providers

The Veteran's Administration and all Veteran's Administration hospitals, clinics, physicians and employees

The Social Security Administration

Open Records, Administrative Specialist, Department of Workers' Claims

All employers or other persons, firms, corporations, schools and other educational institutions

The undersigned individual hereby authorizes each entity included in any of the above categories to furnish and disclose to _____ and its authorized representatives, with true and correct copies of all "psychotherapy notes", as such term is defined by the Health Insurance Portability and Accountability Act, 45 CFR §164.501. Under HIPAA, the term "psychotherapy notes" means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint or family counseling session and that are separated from the rest of the individual's record. This authorization does not authorize ex parte communication concerning same.

- This authorization provides for the disclosure of the above-named patient's protected health information for purposes of the following litigation matter: _____ v.
- The undersigned individual is hereby notified and acknowledges that any health care provider or health plan disclosing the above requested information may not condition treatment, payment, enrollment or eligibility for benefits on whether the individual signs this authorization.
- The undersigned individual is hereby notified and acknowledges that he or she may revoke this authorization by providing written notice to either _____ and to _____ and/or to one or more entities listed in the above categories, except to the extent that any such entity has taken action in reliance on this authorization.
- The undersigned is hereby notified and acknowledges that he or she is aware of the potential that protected health information disclosed and furnished to the recipient pursuant to this authorization is subject to redisclosure by the recipient for the purposes of this litigation in a manner that will not be protected by the Standards for the Privacy of Individually Identifiable Health Information contained in the HIPAA regulations (45 CFR §§164.500-164.534).
- The undersigned is hereby notified that he/she is aware that any and all protected health information disclosed and ultimately furnished to _____ in accordance with orders of the court pursuant to this authorization will be shared with any and all

- co-defendants in the matter of _____ v. and is subject to redisclosure by the recipient for the purposes of this litigation in a manner that will not be protected by the Standards for the Privacy of Individually Identifiable Health Information contained in the HIPAA regulations (45 CFR §§164.500-164.534).
- A photocopy of this authorization shall be considered as effective and valid as the original, and this authorization will remain in effect until the earlier of: (i) the date of settlement or final disposition of _____ v. _____ or (ii) five (5) years after the date of signature of the undersigned below.

I have carefully read and understand the above and do hereby expressly and voluntarily authorize the disclosure of all of my above information to _____ and its authorized representatives, by any entities included in the categories listed above.

Date: _____

Signature of Individual or Individual's Representative

Individual's Name and Address:

Printed Name of Individual's Representative (If applicable)

Relationship of Representative to Individual (If applicable)

Description of Representative's authority to act for Individual (If applicable)

This authorization is designed to be in compliance with the Health Insurance Portability and Accountability Act, and the regulations promulgated thereunder, 45 CFR Parts 160 and 164 (collectively, "HIPAA").

AUTHORIZATION TO DISCLOSE INSURANCE INFORMATION

To:

I, the undersigned, hereby authorize and request the above-named entity to disclose to _____, any and all records containing insurance information, including those that may contain protected health information (PHI) regarding _____, whether created before or after the date of signature. Records requested may include, but are not limited to:

applications for insurance coverage and renewals; all insurance policies, certificates and benefit schedules regarding the insured's coverage, including supplemental coverage; health and physical examination records that were reviewed for underwriting purposes, and any statements, communications, correspondence, reports, questionnaires, and records submitted in connection with applications or renewals for insurance coverage, or claims; all physicians', hospital, dental reports, prescriptions, correspondence, test results, radiology reports and any other medical records that were submitted for claims review purposes; any claim record filed; records of any claim paid; records of all litigation; and any other records of any kind concerning or pertaining to the insured. I expressly request that all covered entities under HIPAA identified above disclose full and complete protected medical information. By signing this authorization, I expressly do not authorize any ex parte interview or oral communication about me or any information contained in the materials produced without the presence of my attorney.

A photocopy of this authorization shall be considered as effective and valid as the original, and this authorization will remain in effect until the earlier of: (i) the date of settlement or final disposition of _____ v. _____ or (ii) five (5) years after the date of signature of the undersigned below. The purpose of this authorization is for civil litigation.

NOTICE

- **The individual signing this authorization has the right to revoke this authorization at any time, provided the revocation is in writing to the _____, except to the extent that the entity has already relied upon this Authorization to disclose protected health information (PHI).**
- **The individual signing this authorization understands that the covered entity to whom this authorization is directed may not condition treatment, payment, enrollment or eligibility benefits on whether or not the individual signs the authorization.**
- **The individual signing this authorization understands that protected health information (PHI) disclosed pursuant to this authorization may be subject to redisclosure by the recipients and that, in such case, the disclosed PHI no longer will be protected by federal privacy regulations.**
- **The individual signing this authorization understands information authorized for release may include records that may indicate the presence of a communicable disease.**
- **The individual signing this authorization understands that she/he shall be entitled to receive a copy of all documents requested via this authorization within a reasonable period of time after such records are received by _____.**

I have read this Authorization and understand that it will permit the entity identified above to disclose PHI to _____.

Name of Individual

Signature of Individual or Individual Representative

Former/Alias/Maiden Name of Individual

Date

Individual's Date of Birth

Name of Individual Representative

Individual's Social Security Number

Description of Authority

Individual's Address

AUTHORIZATION TO DISCLOSE MEDICAID INFORMATION

To:

I, the undersigned, hereby authorize and request the above-named entity to disclose to the agents or designees of _____, any and all records containing Medicaid information, including those that may contain protected health information (PHI) regarding _____, whether created before or after the date of signature. This authorization should also be construed to permit agents or designees of _____ to copy, inspect and review any and all such records. Records requested may include, but are not limited to:

all Medicaid records, including explanations of Medicaid benefit records and claims records; any statements, communications, pro reviews, denials, appeals, correspondence, reports, questionnaires or records submitted in connection with claims; all reports from physicians, hospitals, dental providers, prescriptions; correspondence, test results and any other medical records; records of claims paid to or on the behalf of _____; records of litigation and any other records of any kind. I expressly request that all covered entities under HIPAA identified above disclose full and complete protected medical information.

A photocopy of this authorization shall be considered as effective and valid as the original, and this authorization will remain in effect until the earlier of: (i) the date of settlement or final disposition of _____ v. _____ or (ii) five (5) years after the date of signature of the undersigned below. The purpose of this authorization is for civil litigation. By signing this authorization, I expressly do not authorize any ex parte interview or oral communication about me or my medical history by _____ without the presence of my attorney.

NOTICE

- The individual signing this authorization has the right to revoke this authorization at any time, provided the revocation is in writing to _____, except to the extent that the entity has already relied upon this Authorization to disclose protected health information (PHI).
- The individual signing this authorization understands that the covered entity to whom this authorization is directed may not condition treatment, payment, enrollment or eligibility benefits on whether or not the individual signs the authorization.
- The individual signing this authorization understands that protected health information (PHI) disclosed pursuant to this authorization may be subject to redisclosure by the recipients and that, in such case, the disclosed PHI no longer will be protected by federal privacy regulations.
- The individual signing this authorization understands information authorized for release may include records that may indicate the presence of a communicable disease.
- The individual signing this authorization understands that they shall be entitled to receive a copy of all documents requested via this authorization within a reasonable period of time after such records are received by _____.

I have read this Authorization and understand that it will permit the entity identified above to disclose PHI to _____.

Name of Individual

Signature of Individual or Individual

Former/Alias/Maiden Name of Individual

Date

Individual's Date of Birth

Name of Individual Representative

Individual's Social Security Number

Description of Authority

Individual's Address

AUTHORIZATION TO DISCLOSE EMPLOYMENT INFORMATION

To:

I, the undersigned, hereby authorize and request the above-named entity to disclose _____, any and all records containing employment information, including those that may contain protected health information (PHI) regarding _____, whether created before or after the date of signature. Records requested may include, but are not limited to:

all applications for employment, resumes, records of all positions held, job descriptions of positions held, payroll records, W-2 forms and W-4 forms, performance evaluations and reports, statements and reports of fellow employees, attendance records, worker's compensation files; all hospital, physician, clinic, infirmary, nurse, dental records; test results, physical examination records and other medical records; any records pertaining to medical or disability claims, or work-related accidents including correspondence, accident reports, injury reports and incident reports; insurance claim forms, questionnaires and records of payments made; pension records, disability benefit records, and all records regarding participation in company-sponsored health, dental, life and disability insurance plans; material safety data sheets, chemical inventories, and environmental monitoring records and all other employee exposure records pertaining to all positions held; and any other records concerning employment with the above-named entity. I expressly request that all covered entities under HIPAA identified above disclose full and complete protected medical information. By signing this authorization, I expressly do not authorize any ex parte interview or oral communication about me or my employment history by _____ without the presence of my attorney.

A photocopy of this authorization shall be considered as effective and valid as the original, and this authorization will remain in effect until the earlier of: (i) the date of settlement or final disposition of _____ v. _____ or (ii) five (5) years after the date of signature of the undersigned below. A copy of this authorization may be used in place of and with the same force and effect as the original. The purpose of this authorization is for civil litigation.

NOTICE

- **The individual signing this authorization has the right to revoke this authorization at any time, provided the revocation is in writing to _____, except to the extent that the entity has already relied upon this Authorization to disclose protected health information (PHI).**
- **The individual signing this authorization understands that the covered entity to whom this authorization is directed may not condition treatment, payment, enrollment or eligibility benefits on whether or not the individual signs the authorization.**
- **The individual signing this authorization understands that protected health information (PHI) disclosed pursuant to this authorization may be subject to redisclosure by the recipients and that, in such case, the disclosed PHI no longer will be protected by federal privacy regulations.**
- **The individual signing this authorization understands information authorized for release may include records that may indicate the presence of a communicable disease.**
- **The individual signing this authorization understands that they shall be entitled to receive a copy of all documents requested via this authorization within a reasonable period of time after such records are received by _____.**

I have read this Authorization and understand that it will permit the entity identified above to disclose PHI to _____.

Name of Employee

Signature of Employee or Employee Representative

Former/Alias/Maiden Name of Employee

Date

Employee's Date of Birth

Name of Employee Representative

Employee's Social Security Number

Description of Authority

Employee's Address

AUTHORIZATION TO DISCLOSE WORKERS' COMPENSATION INFORMATION

To:

I, the undersigned, hereby authorize and request the above-named entity to disclose to _____, any and all records containing Workers' Compensation information, including those that may contain protected health information (PHI) regarding _____, whether created before or after the date of signature. Records requested may include, but are not limited to:

all workers' compensation claims, including claim petitions, judgments, findings, notices of hearings, hearing records, transcripts, decisions and orders; all depositions and reports of witnesses and expert witnesses; employer's accident reports; all other accident, injury, or incident reports; all medical records; records of compensation payment made; investigatory reports and records; applications for employment; records of all positions held; job descriptions of any positions held; salary records; performance evaluations and reports; statements and comments of fellow employees; attendance records; all physicians', hospital, medical, health reports; physical examinations; records relating to health or disability insurance claims, including correspondence, reports, claim forms, questionnaires, records of payments made to physicians, hospitals, and health institutions or professionals; statements of account, itemized bills or invoices; and any other records relating to the above-named individual. Copies (NOT originals) of all x-rays, CT scans, MRI films, photographs, and any other radiological, nuclear medicine, or radiation therapy films and of any corresponding reports. I expressly request that all covered entities under HIPAA identified above disclose full and complete protected medical information.

A photocopy of this authorization shall be considered as effective and valid as the original, and this authorization will remain in effect until the earlier of: (i) the date of settlement or final disposition of _____ v. _____ or (ii) five (5) years after the date of signature of the undersigned below. The purpose of this authorization is for civil litigation. This authorization is for the release of records only and does not allow for ex parte communications regarding the subject matter of this release and without the presence of my attorney.

NOTICE

- **The individual signing this authorization has the right to revoke this authorization at any time, provided the revocation is in writing to _____, except to the extent that the entity has already relied upon this Authorization to disclose protected health information (PHI).**
- **The individual signing this authorization understands that the covered entity to whom this authorization is directed may not condition treatment, payment, enrollment or eligibility benefits on whether or not the individual signs the authorization.**
- **The individual signing this authorization understands that protected health information (PHI) disclosed pursuant to this authorization may be subject to redisclosure by the recipients and that, in such case, the disclosed PHI no longer will be protected by federal privacy regulations.**
- **The individual signing this authorization understands information authorized for release may include records that may indicate the presence of a communicable disease.**
- **The individual signing this authorization understands that they shall be entitled to receive a copy of all documents requested via this authorization within a reasonable period of time after such records are received by _____.**

I have read this Authorization and understand that it will permit the entity identified above to disclose PHI to _____.

Name of Individual

Signature of Individual or Individual Representative

Former/Alias/Maiden Name of Individual

Date

Individual's Date of Birth

Name of Individual Representative

Individual's Social Security Number

Description of Authority

Individual's Address

Social Security Administration
Consent for Release of Information

Form Approved
OMB No. 0960-0566

Instructions for Using this Form

Complete this form only if you want us to give information or records about you, a minor, or a legally incompetent adult, to an individual or group (for example, a doctor or an insurance company). If you are the natural or adoptive parent or legal guardian, acting on behalf of a minor, you may complete this form to release only the minor's non-medical records. If you are requesting information for a purpose not directly related to the administration of any program under the Social Security Act, a fee may be charged.

NOTE: Do not use this form to:

- Request us to release the medical records of a minor. Instead, contact your local office by calling 1-800-772-1213 (TTY-1-800-325-0778), or
- Request information about your earnings or employment history. Instead, complete form SSA-7050-F4 at any Social Security office or online at www.ssa.gov/online/ssa-7050.pdf.

How to Complete this Form

We will not honor this form unless all required fields are completed. An asterisk (*) indicates a required field. Also, we will not honor blanket requests for "all records" or the "entire file." You must specify the information you are requesting and you must sign and date this form.

- Fill in your name, date of birth, and social security number or the name, date of birth, and social security number of the person to whom the information applies.
- Fill in the name and address of the individual (or organization) to whom you want us to release your information.
- Indicate the reason you are requesting us to disclose the information.
- Check the box(es) next to the type(s) of information you want us to release including the date ranges, if applicable.
- You, the parent or legal guardian acting on behalf of a minor, or the legal guardian of a legally incompetent adult, must sign and date this form and provide a daytime phone number where you can be reached.
- If you are not the person whose information is requested, state your relationship to that person. We may require proof of relationship.

PRIVACY ACT STATEMENT

Section 205(a) of the Social Security Act, as amended, authorizes us to collect the information requested on this form. The information you provide will be used to respond to your request for SSA records information or process your request when we release your records to a third party. You do not have to provide the requested information. Your response is voluntary; however, we cannot honor your request to release information or records about you to another person or organization without your consent.

We rarely use the information provided on this form for any purpose other than to respond to requests for SSA records information. However, in accordance with 5 U.S.C. § 552a(b) of the Privacy Act, we may disclose the information provided on this form in accordance with approved routine uses, which include but are not limited to the following: 1. To enable an agency or third party to assist Social Security in establishing rights to Social Security benefits and/or coverage; 2. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; 3. To comply with Federal laws requiring the disclosure of the information from our records; and, 4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity of SSA programs.

We may also use the information you provide when we match records by computer. Computer matching programs compare our records with those of other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Additional information regarding this form, routine uses of information, and other Social Security programs are available from our Internet website at www.socialsecurity.gov or at your local Social Security office.

PAPERWORK REDUCTION ACT STATEMENT

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also listed under U.S. Government agencies in your telephone directory or you may call 1-800-772-1213 (TTY 1-800-325-0778).** You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**



Medicare

Beneficiary Services: 1-800-MEDICARE (1-800-633-4227)
TTY/TDD: 1-877-486-2048

This form is used to advise Medicare of the person or persons you have chosen to have access to your personal health information.

Where to Return Your Completed Authorization Forms:

After you complete and sign the authorization form, return it to the address below:

**Medicare BCC, Written Authorization Dept.
PO Box 1270
Lawrence, KS 66044**

For New York Medicare Beneficiaries ONLY

The New York State Public Health Law protects information that reasonably could identify someone as having HIV symptoms or infection, and information regarding a person's contacts. Because of New York's laws protecting the privacy of information related to alcohol and drug abuse, mental health treatment, and HIV, there are special instructions for how you, as a New York resident, should complete this form.

- For question 2A, check the box for *Limited Information*, even if you want to authorize Medicare to release any and all of your personal health information.
- **Then proceed to question 2B.**

Medicare BCC, Written Authorization Dept.
PO Box 1270
Lawrence, KS 66044

Instructions for Completing Section 2B of the Authorization Form:

Please select one of the following options.

- **Option 1** To **include** all information, in the space provided, write: "all information, including information about alcohol and drug abuse, mental health treatment, and HIV". Proceed with the rest of the form.
- **Option 2** To **exclude** the information listed above, write "Exclude information about alcohol and drug abuse, mental health treatment and HIV" in the space provided. *You may also check any of the remaining boxes and include any additional limitations in the space provided.* For example, you could write "payment information". Then proceed with the rest of the form.

If you have any questions or need additional assistance, please feel free to call us at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Sincerely,

1-800-MEDICARE
Customer Service Representative

Encl.

Information to Help You Fill Out the “1-800-MEDICARE Authorization to Disclose Personal Health Information” Form

By law, Medicare must have your written permission (an “authorization”) to use or give out your personal medical information for any purpose that isn't set out in the privacy notice contained in the Medicare & You handbook. You may take back (“revoke”) your written permission at any time, except if Medicare has already acted based on your permission.

If you want 1-800-MEDICARE to give your personal health information to someone other than you, you need to let Medicare know in writing.

If you are requesting personal health information for a deceased beneficiary, please include a copy of the legal documentation which indicates your authority to make a request for information. (For example: Executor/Executrix papers, next of kin attested by court documents with a court stamp and a judge's signature, a Letter of Testamentary or Administration with a court stamp and judge's signature, or personal representative papers with a court stamp and judge's signature.) Also, please explain your relationship to the beneficiary.

Please use this step by step instruction sheet when completing your “1-800-MEDICARE Authorization to Disclose Personal Health Information” Form. Be sure to complete all sections of the form to ensure timely processing.

1. Print the name of the person with Medicare.

Print the Medicare number exactly as it is shown on the red, white, and blue Medicare card, including any letters (for example, 123456789A).

Print the birthday in month, day, and year (mm/dd/yyyy) of the person with Medicare.

- 2. This section tells Medicare what personal health information to give out. Please check a box in 2a to indicate how much information Medicare can disclose. If you only want Medicare to give out limited information (for example, Medicare eligibility), also check the box(es) in 2b that apply to the type of information you want Medicare to give out.**
- 3. This section tells Medicare when to start and/or when to stop giving out your personal health information. Check the box that applies and fill in dates, if necessary.**
- 4. Medicare will give your personal health information to the person(s) or organization(s) you fill in here. You may fill in more than one person or organization. If you designate an organization, you must also identify one or more individuals in that organization to whom Medicare may disclose your personal health information.**
-

5. The person with Medicare or personal representative must sign their name, fill in the date, and provide the phone number and address of the person with Medicare.

If you are a personal representative of the person with Medicare, check the box, provide your address and phone number, and attach a copy of the paperwork that shows you can act for that person (for example, Power of Attorney).

6. Send your completed, signed authorization to Medicare at the address shown here on your authorization form.
7. If you change your mind and don't want Medicare to give out your personal health information, write to the address shown under number six on the authorization form and tell Medicare. Your letter will revoke your authorization and Medicare will no longer give out your personal health information (except for the personal health information Medicare has already given out based on your permission).

You should make a copy of your signed authorization for your records before mailing it to Medicare.

1-800-MEDICARE Authorization to Disclose Personal Health Information

Use this form if you want 1-800-MEDICARE to give your personal health information to someone other than you.

1. **Print Name** _____ **Medicare Number** _____ **Date of Birth** _____
(First and last name of the person with Medicare) (Exactly as shown on the Medicare Card) (mm/dd/yyyy)

2. Medicare will only disclose the personal health information you want disclosed.

2A: Check only one box below to tell Medicare the specific personal health information you want disclosed:

- Limited Information (go to question 2b)
- Any Information (go to question 3)

2B: Complete only if you selected “limited information”. Check all that apply:

- Information about your Medicare eligibility
- Information about your Medicare claims
- Information about plan enrollment (e.g. drug or MA Plan)
- Information about premium payments
- Other Specific Information (please write below; for example, payment information)
- _____

3. **Check only one box below indicating how long Medicare can use this authorization to disclose your personal health information** (subject to applicable law—for example, your State may limit how long Medicare may give out your personal health information):

- Disclose my personal health information indefinitely
- Disclose my personal health information for a specified period only
beginning: (mm/dd/yyyy) _____ and ending: (mm/dd/yyyy) _____

4. Fill in the name and address of the person(s) or organization(s) to whom you want Medicare to disclose your personal health information. Please provide the specific name of the person(s) for any organization you list below:

1. Name: _____

Address: _____

2. Name: _____

Address: _____

3. Name: _____

Address: _____

5.

I authorize 1-800-MEDICARE to disclose my personal health information listed above to the person(s) or organization(s) I have named on this form. I understand that my personal health information may be re-disclosed by the person(s) or organization(s) and may no longer be protected by law.

Signature

Telephone Number

Date (mm/dd/yyyy)

Print the address of the person with Medicare (Street Address, City, State, and ZIP)

Check here if you are signing as a personal representative and complete below. Please attach the appropriate documentation (for example, Power of Attorney). This only applies if someone other than the person with Medicare signed above.

Print the Personal Representative's Address (Street Address, City, State, and ZIP)

Telephone Number of Personal Representative: _____

Personal Representative's Relationship to the Beneficiary: _____

6. Send the completed, signed authorization to:

Medicare BCC, Written Authorization Dept.
PO Box 1270
Lawrence, KS 66044

7. Note:

You have the right to take back (“revoke”) your authorization at any time, in writing, except to the extent that Medicare has already acted based on your permission. If you would like to revoke your authorization, send a written request to the address shown above.

Your authorization or refusal to authorize disclosure of your personal health information will have no effect on your enrollment, eligibility for benefits, or the amount Medicare pays for the health services you receive.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-0930**. The time required to complete this information collection is estimated to average **15 minutes** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.
