

REQUEST FOR MEDICAL CLAIM INFORMATION

1. How long did you take Yaz, Yasmin, or Ocella?

From ___ / ___ / ___ to ___ / ___ / ___

2. Did you suffer any cardiovascular - or gallbladder - related injury or injuries during or after this period?

Yes ___ No ___

If Yes, please provide the date(s) and explain the nature of your injury or injuries:

3. Have you pursued, are you pursuing, or do you intend to pursue a personal injury claim related to your use of Yaz, Yasmin, or Ocella?

Yes ___ No ___ Undecided ___

4. Have you hired or do you plan to hire an attorney to represent you in this claim?

Yes ___ No ___ Undecided ___

If you have any questions, please call: (877) 229-1117.

5. If you have hired an attorney, please provide:

Attorney's Name: _____ Phone # (____) _____

Attorney's Firm: _____

Address: _____

6. Have you settled your claim? Yes ___ No ___ Dated Settled: ___ / ___ / ___

The foregoing is true and correct to the best of my knowledge:

Print Name: _____ Email: _____

Signature: _____ Date: ___ / ___ / ___

Address: _____ Home/Cell Phone: (____) _____

City/State/Zip: _____ Work Phone: (____) _____

Rawlings & Associates does not represent you in this matter. If you have any questions please call: (877) 229-1117.