

Cartiva Toe Joint Implant Class Action

Potential Class Member Questionnaire

Personal information that you provide to us for the purpose of determining your possible involvement in the class action will be treated as private. Read our privacy policy for more information.

Email a copy of this form to <u>cartiva@murphybattista.com</u> with the subject line **Cartiva Toe Joint Implant Class Action** and our intake team will be in touch to confirm receipt and next steps.

Personal Information	
Full Legal Name:	
Other/Preferred Name:	
Preferred Phone:	
Date of Birth:	
Date of Cartiva implant surgery:	
Location (hospital) of Cartiva implant sur	gery:
Name of surgeon who implanted the Car	tiva implant:
Issues or symptoms arising due to the Cadamage or fragmentation)?	rtiva implant (such as subsidence, displacement, pain, nerve
Date of Cartiva revision or repair procedu	re(s) (if applicable):
Location (hospital) of Cartiva revision or r	epair procedure(s) (if applicable):
Date of Cartiva removal and fusion surge	ry (if applicable):
Location (hospital) of Cartiva removal and	

Did the Cartiva impact your job or ability to earn income in a way <u>that you did not experience before</u> the implantation? Please explain.
Aside from work, what consequences have you experienced since the date of the Cartiva implantation that you did not experience before the implantation (for example, restrictions in recreational or domestic activities)?
Did the Cartiva cause you to require any additional treatments, such as physiotherapy? If so, please provide dates and locations of treatments.
Did the Cartiva result in an infection requiring consultation(s) with any specialists, such as infectious diseases? If so, please provide name(s) and location(s) of the specialist(s).
Additional comments and information you wish to provide: