

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 cartiva@murphybattista.com 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: _____

Address: _____

Preferred Phone: _____ Preferred Email: _____

Date of Birth: _____

Date of Cartiva implant surgery: _____

Location (hospital) of Cartiva implant surgery: _____

Name of surgeon who implanted the Cartiva implant: _____

Issues or symptoms arising due to the Cartiva implant (such as subsidence, displacement, pain, nerve damage or fragmentation)?

Date of Cartiva revision or repair procedure(s) (if applicable): _____

Location (hospital) of Cartiva revision or repair procedure(s) (if applicable): _____

Date of Cartiva removal and fusion surgery (if applicable): _____

Location (hospital) of Cartiva removal and fusion surgery: _____

Did the Cartiva impact your job or ability to earn income in a way that you did not experience before 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:

How did you find us? (e.g. Facebook, Google search, word of mouth, etc.)
