

FDA POSITIVE FORM

A. Patient Information

1. **State the name of the patient (“Product Recipient”) for whom you are providing the information contained in this form.**

(First Name) (Middle Initial) (Last Name)

(Date of Birth)

(Date of Diagnosis with an FDA Positive condition as defined in Section C)

B. Physician Information

1. **State your name, office address, telephone number, e-mail address, if any and medical specialty.**

(First Name) (Middle Initial) (Last Name)

(Office Address)

(City) Prov/Terr (Postal Code)

(Area Code and Telephone Number)

(Medical Specialty)

C. Echocardiogram Information

1. List the date(s) when the Echocardiogram(s) upon which the Product Recipient's claim is based was/were performed.

Date: _____
(MM/DD/YYYY)

Date: _____
(MM/DD/YYYY)

Date: _____
(MM/DD/YYYY)

NOTE: If the Product Recipient has had more than three Echocardiograms upon which the claim is based, please provide the information on a separate sheet of paper and attach it to this Form.

D. FDA Positive Claim

1. To the best of your knowledge, does the Product Recipient have one or more of the following conditions:

(a) Mild or greater regurgitation of the aortic valve (greater than 10% JH/LVOTH)?

- Yes
 No

(b) Moderate or greater regurgitation of the mitral valve (greater than 20% RJA/LAA)

- Yes
 No

I declare under penalty of perjury that it is my opinion, to a reasonable degree of medical certainty, and to the best of my knowledge, that the FDA Positive condition was not present in the Product Recipient prior to their first use of the Products, and that the echocardiogram(s) that serve as the basis of this claim meet the criteria set forth in the Appendix attached to this form.

(Date: MM/DD/YYYY)

(Signature of Treating Physician)

This form is an official Court document sanctioned by the Court and submitting it to the Ponderal/Redux Settlement Administrator is equivalent to filing it with a Court.