Form B-Application Form

DePuy ASR – Alternative Dispute Resolution Process

FORM B

Claimant Details

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Date of Birth** |  |
| **Occupation** |  |
| **ASR-IRL Patient Number** |  |
| **Claimant’s Solicitor Name** |  |
| **Claimant’s Solicitor’s Address** |  |
| **Claimant’s Solicitor’s Reference** |  |
| **Hip implanted*****(please tick the appropriate box)*** | Left  |  |
| Right |  |
| Bilateral |  |
| **The Claimant seeks an expedited Evaluation of their Claim** |  |
| *If yes, please provide a reason* |  |

Index Surgery Details

|  |  |
| --- | --- |
| **Date of Index Surgery** |  |
| **Type of Surgery*****(please tick the appropriate box)*** | ASR Hip Resurfacing |  |
| ASR XL Total Hip Replacement |  |
| Other |  |
| **Hospital** |  |
| **Surgeon** |  |

Revision Surgery Details

|  |  |
| --- | --- |
| **Date of Revision Surgery** |  |
| **Hospital** |  |
| **Surgeon** |  |

Previous Claim Details

|  |  |
| --- | --- |
| **Date of Injuries Board Authorisation** |  |
| **Has the Claimant received payments from the Without Prejudice Reimbursement Program** |

|  |
| --- |
|  |

**Yes** |

|  |
| --- |
|  |

**No** |
| **Date of Personal Injuries Summons** |  |
| **Title of Proceedings** |  |
| **Record Number** |  |
| **Special Damages Claimed****(*please enclose a schedule of special damages itemising and vouching the amount claimed)*** | **€** |

Authorisation

*Claimant*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *[Claimant Name]* hereby submit my claim to the DePuy ASR Alternative Dispute Resolution Process (the “**Process**”) for evaluation on a without prejudice basis. I have read and accept the terms of the Process.

|  |  |  |
| --- | --- | --- |
| Signed |  |  |
| *Claimant Signature or Claimant’s solicitor’s signature* |
| Date |  |  |

*DePuy International Limited*

DePuy International Limited hereby agree to the submission of the above claim to the DePuy ASR Alternative Dispute Resolution Process for evaluation on a without prejudice basis.

|  |  |  |
| --- | --- | --- |
| Signed |  |  |
| *Duly authorised for and on behalf of* *DePuy International Limited* |
| Date |  |  |