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 |  |  | |