IN THE UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF NEW YORK

IN RE: EXACTECH POLYETHYLENE ORTHOPEDIC PRODUCTS LIABILITY LITIGATION)))))))	MDL Docket No. 3044 THE HON. NICHOLAS G. GARAUFIS, U.S.D.J. PLAINTIFF'S PRELIMINARY DISCLOSURE FORM SURGERY ADDENDUM
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Instructions: Please provide the following information for each individual on whose behalf a claim is being made relating to implantation of an Exactech Device. When providing names and addresses please provide the full name and full address, including street number, street name, city, state and zip code.

	III.	EXACTECH	DEVICE IMPI	LANT INFO	ORMATIC	DN #4			
Identify Location Body Where Product(s) at Issue	Right hip	Left hip	Both hips	No hip	(check o	one)			
Was Implanted:	Right knee	Left knee	Both knees	No knee	e (c	heck one)			
	Right ankle	Left ankle	Both ankle	s No ar	nkle	(check one)			
	If implanted with more than one Exactech Device, complete Sections III and IV for each Exactech Device. Fill out th information below for each implant and removal surgery. Add additional sheets as needed.								
		Right	Side Implanta	tion Surger	y #4				
Type of Exactech	Optetrak Classic	Optetrak L	ogic Trulia	ant Var	ntage				
Device: (check one only)	Connexion GXL	Convention	nal UHMWPE H	ip Liner					
Expiration Date for Component if India or Other Medical R	cated on Bar Code			Date Impl	of antation:				
Catalog No./Lot N for Each Exactech									
Name and Addres Implanting Surgeo		Name:							
		Street:							
		City:			State:		Zip:		
Name and Addres Facility Where Im		Name:							
Performed:		Street:							
		City:			State:	2	Zip:		

	Left Side Implantation Surgery #4							
Type of Exactech	Optetrak Classic	Optetrak Logic	Truliant	Vantage				
Device: (check one only)	Connexion GXL	Conventional UHMWPE Hip Liner						
	or the Polyethylene icated on Bar Code Records:			Date of Implantation:				
Catalog No./Lot I for Each Exacted								
Name and Addre Implanting Surge		Name:						
		Street:						
		City:		State:	Zip:			
Name and Address of Medical Facility Where Implant Surgery		Name:						
Performed:		Street:						
		City:		State:	Zip:			

IV. EXACTECH DEVICE REVISION SURGERY INFORMATION #4								
	Surg	ery #1	Surg	gery #2	Surgery #3			
Date of Revision Surgery(ies):								
Name(s) and Address(es) of Explanting Surgeon(s):	Name:		Name:		Name:			
	Street:		Street:		Street:			
	City:		City:		City:			
	State:	Zip:	State:	Zip:	State:	Zip:		
Name(s) and Address(es) of Medical Facility(ies) Where Revision	Name:		Name:		Name:			
Surgery(ies) Was Performed:	Street:		Street:		Street:			
	City:		City:		City:			
	State:	Zip:	State:	Zip:	State:	Zip:		
Identify the components removed during the revision surgery:								
Are You in Possession of Explanted Component(s)?	Yes	No	Yes	No	Yes	No		
Location of Explant(s):								
Identify Location of Body Where Revision	Right hip	Left hip	Right hip	Left hip	Right hip	Left hip		
Surgery Was Performed:	Both hips	No hip	Both hips	No hip	Both hips	No hip		
i ci loi illea.	Right knee	Left knee	Right knee	Left knee	Right knee	Left knee		
	Both knees	No knee	Both knees	No knee	Both knees	No knee		
	Right ankle	Left ankle	Right ankle	Left ankle	Right ankle	Left ankle		
	Both ankles	No ankle	Both ankles	No ankle	Both ankles	No ankle		

III. EXACTECH DEVICE IMPLANT INFORMATION #5								
Identify Location Body Where Product(s) at Issue	Right hip	Left hip	Both hips	No hi	ip	(check c	one)	
Was Implanted:	Right knee	Left knee	Both kne	es N	No knee	(cl	heck one)	
	Right ankle	Left ankle	Both an	kles	No ankle	e	(check one)	
If implanted with more than one Exactech Device, complete Sections III and IV for each Exactech Device. Fill ou information below for each implant and removal surgery. Add additional sheets as needed.								
		Righ	t Side Impla	ntation S	Surgery #	#5		
Type of Exactech	Optetrak Classic	Optetrak]	Logic T	ruliant	Vanta	ge		
Device: (check one only)	Connexion GXL	Conventio	nal UHMWP	E Hip Lir				
Expiration Date for Component if Indi	cated on Bar Code				Date of Implant			
or Other Medical I	Records:							
Catalog No./Lot N for Each Exactech								
Name and Address Implanting Surgeo		Name:						
		Street:						<i></i>
		City:				State:		Zip:
Name and Address Facility Where Im		Name:						
Performed:		Street:						
		City:				State:		Zip:

	Left Side Implantation Surgery #5							
Type of Exactech	Optetrak Classic	Optetrak Logic	Truliant	Vantage				
Device: (check one only)	Connexion GXL	Conventional UHN	AWPE Hip Lir	ner				
	or the Polyethylene icated on Bar Code Records:			Date of Implantation:				
Catalog No./Lot								
Name and Addre Implanting Surge		Name:						
		Street:						
		City:		State:	Zip:			
Name and Addre Facility Where In		Name:						
Performed:		Street:						
		City:		State:	Zip:			

IV. EXACTECH DEVICE REVISION SURGERY INFORMATION #5								
	Surg	ery #1	Surg	gery #2	Surgery #3			
Date of Revision Surgery(ies):								
Name(s) and Address(es) of Explanting Surgeon(s):	Name:		Name:		Name:			
	Street:		Street:		Street:			
	City:		City:		City:			
	State:	Zip:	State:	Zip:	State:	Zip:		
Name(s) and Address(es) of Medical Facility(ies) Where Revision	Name:		Name:		Name:			
Surgery(ies) Was Performed:	Street:		Street:		Street:			
	City:		City:		City:			
	State:	Zip:	State:	Zip:	State:	Zip:		
Identify the components removed during the revision surgery:								
Are You in Possession of Explanted Component(s)?	Yes	No	Yes	No	Yes	No		
Location of Explant(s):								
Identify Location of Body Where Revision	Right hip	Left hip	Right hip	Left hip	Right hip	Left hip		
Surgery Was Performed:	Both hips	No hip	Both hips	No hip	Both hips	No hip		
i ci loi illeu.	Right knee	Left knee	Right knee	Left knee	Right knee	Left knee		
	Both knees	No knee	Both knees	No knee	Both knees	No knee		
	Right ankle	Left ankle	Right ankle	Left ankle	Right ankle	Left ankle		
	Both ankles	No ankle	Both ankles	No ankle	Both ankles	No ankle		

III. EXACTECH DEVICE IMPLANT INFORMATION #6								
Identify Location Body Where Product(s) at Issu	Right hi	p Left hip	Both hips	No hi	p (check one)		
Was Implanted:	Right kn	ee Left knee	Both kne	es N	lo knee	(check	t one)	
	Right an	kle Left ank	le Both ar	nkles	No ankle	(che	ck one)	
		one Exactech De low for each imp						e. Fill out the
		Rig	ht Side Impla	ntation S	Surgery #6	6		
Type of Exactech	Optetrak Clas	ssic Optetral	Logic T	ruliant	Vantag	e		
Device: (check one only)	Connexion G	XL Convent	ional UHMWP	E Hip Lin				
Expiration Date for Component if Ind	icated on Bar (Date of Implanta	tion:		
or Other Medical								
Catalog No./Lot I for Each Exacted								
Name and Addres Implanting Surge		Name:						
		Street:					-	
		City:			S	State:	Zip:	
Name and Addres Facility Where In		Name:						
Performed:		Street:						
		City:			S	State:	Zip:	

	Left Side Implantation Surgery #6							
Type of Exactech	Optetrak Classic	Optetrak Logic	Truliant	Vantage				
Device: (check one only)	Connexion GXL	Conventional UHMWPE Hip Liner						
	or the Polyethylene icated on Bar Code Records:			Date of Implantation:				
Catalog No./Lot								
Name and Addre Implanting Surge		Name:						
		Street:						
		City:		State:	Zip:			
Name and Addre Facility Where In		Name:						
Performed:		Street:						
		City:		State:	Zip:			

IV. EXACTECH DEVICE REVISION SURGERY INFORMATION #6								
	Surg	ery #1	Surg	gery #2	Surgery #3			
Date of Revision Surgery(ies):								
Name(s) and Address(es) of Explanting Surgeon(s):	Name:		Name:		Name:			
	Street:		Street:		Street:			
	City:		City:		City:			
	State:	Zip:	State:	Zip:	State:	Zip:		
Name(s) and Address(es) of Medical Facility(ies) Where Revision	Name:		Name:		Name:			
Surgery(ies) Was Performed:	Street:		Street:		Street:			
	City:		City:		City:			
	State:	Zip:	State:	Zip:	State:	Zip:		
Identify the components removed during the revision surgery:								
Are You in Possession of Explanted Component(s)?	Yes	No	Yes	No	Yes	No		
Location of Explant(s):								
Identify Location of Body Where Revision	Right hip	Left hip	Right hip	Left hip	Right hip	Left hip		
Surgery Was Performed:	Both hips	No hip	Both hips	No hip	Both hips	No hip		
	Right knee	Left knee	Right knee	Left knee	Right knee	Left knee		
	Both knees	No knee	Both knees	No knee	Both knees	No knee		
	Right ankle	Left ankle	Right ankle	Left ankle	Right ankle	Left ankle		
	Both ankles	No ankle	Both ankles	No ankle	Both ankles	No ankle		

BY: _____ Dated: _____

Attorney for Plaintiff: