

Frank J. D'Amico, Jr.
Christopher T. Castro
Richard M. Exnicios
Mekel Smith Alvarez
Paul D. Hesse

THE LAW OFFICES OF
Frank J. D'Amico, Jr.
A Professional Law Corporation



Of Counsel
William T. Abbott, Jr.*
Michael A. McNulty, Jr.
Darryl J. Carimi
* Licensed in New York

CONFIDENTIAL PRIVILEGED ATTORNEY CLIENT WORK PRODUCT

Digitek® (Digoxin) QUESTIONNAIRE

Client Information:

Name: _____
First Middle Last

Address: _____
Street City State Zip

Phone: (_____) Phone 2: (_____)

E-mail: _____ Age: _____ Sex: M F

DOB: ____ / ____ / ____ Social Security #: ____ - ____ - ____

Diagnosing Physician and address: _____

Digitek Related Medical Events: (Please check all that apply)

<input type="checkbox"/> Low Blood Pressure
<input type="checkbox"/> Cardiac Instability
<input type="checkbox"/> Bradycardia
<input type="checkbox"/> Death
<input type="checkbox"/> other

Date of injury caused by Digitek? ____ / ____ / ____

If you were diagnosed with low blood pressure, Cardiac Instability or Bradycardia, explain what happened and what problems persist: _____

Were you hospitalized due to low blood pressure, Cardiac Instability or Bradycardia as a result of Digitek?

Yes No

If yes, please list name and address of hospital: _____

Please list the name, address and phone number of the doctor who prescribed your contacts:

Name: _____ *Phone:* _____

Address: _____

Do you have or can you get proof of the prescription or administration of Digitek?

Yes No Unsure

Please list the name, address and phone number of the place where you received Digitek:

Name: _____ *Phone:* _____

Address: _____

Please list all other prescription and over-the-counter drugs at the time of your Digitek injection:

Tests / Procedures at time of injury:

Test / Procedure _____

If yes, to any of the above procedures, when, where and do you know any results? _____

Have you ever been diagnosed with low blood pressure, Cardiac Instability or Bradycardia previous to your use of Digitek? Yes No Unsure

If yes, when, where and do you know any of the results? _____

Please check or list below any medical conditions you were diagnosed with prior to your Digitek use?

Signature

Date