

<b>PROTON PUMP INHIBITOR (PPI) INTAKE</b>					
<b>ARE YOU CURRENTLY REPRESENTED BY ANOTHER ATTORNEY?</b>					No
<b>VICTIM INFORMATION</b>					
<b>LAST</b>		<b>FIRST</b>		<b>MIDDLE</b>	
<b>ADDRESS</b>				<b>APT</b>	
<b>CITY</b>		<b>STATE</b>		<b>ZIP</b>	
<b>BEST PHONE</b>			<b>ALTERNATE PHONE</b>		
<b>EMAIL</b>			<b>DATE OF BIRTH</b>		
<b>INGESTION INFORMATION:</b>					
<b>Nexium</b>					
<b>Ingestion Start:</b>					
<b>Ingestion Stop:</b>					
<b>Prilosec</b>					
<b>Ingestion Start:</b>					
<b>Ingestion Stop:</b>					
<b>Prevacid</b>					
<b>Ingestion Start:</b>					
<b>Ingestion Stop:</b>					
<b>Other:</b>					
<b>Ingestion Start:</b>					
<b>Ingestion Stop:</b>					
<b>Did you take brand name product or generic?</b>					
<b>Administration (pill/IV):</b>					
<b>Dosage (mg):</b>					
<b>Reason for taking the drug?</b>					
<b>If you took OTC, did you ever take store brand? If yes, which ones? (i.e. Walgreens, Equate (Walmart) versions of Omeprazole (Prilosec), or Esomeprazole (Nexium))</b>					
<b>If you took OTC, do you have any of the packaging, boxes, blister packs, or containers for the PPI drug you took?</b>					
<b>Prescribing Doctor:</b>					
<b>Pharmacy where filled:</b>					
<b>Were you advised by a doctor to stop taking the drug? If yes, please explain:</b>					
<b>Do you have proof of product use? (i.e. pharmacy recs, receipts, etc.)</b>					
<b>BACKGROUND INFORMATION:</b>					
<b>Prior to your use/ingestion of drug, were you diagnosed with the following?: -Kidney Injury/Disease (Acute or Chronic)</b>					
<b>If yes, did you return to baseline before starting drug?</b>					
<b>INJURY INFORMATION:</b>					

<b>Renal or Kidney Failure?</b> If yes, date diagnosed:	
<b>Acute Kidney Injury?</b> If yes, date diagnosed:	
<b>Acute Interstitial Nephritis?</b> If yes, date diagnosed:	
<b>Chronic Kidney Disease?</b> If yes, date diagnosed:	
<b>Undergone a kidney biopsy?</b> If yes, provide date:	
<b>Dialysis Treatment?</b> If yes, date started:	
<b>Kidney Removal without Transplant?</b> If yes, date removed:	
<b>Kidney Transplant?</b> If yes, date of transplant:	
<b>Death?</b> If yes, Date of Death and Cause of Death:	
<b>Other?</b>	
<b>Hospital where you are being treated for your injuries:</b>	
<b>Has a doctor related your injuries to the drug?</b>	
<b>What is the current state of your injuries after taking the drug?</b>	
<b>When did you first become aware that a PPI may have been the cause of your kidney disease?</b>	
<b>MISCELLANEOUS INFORMATION</b>	
<b>HAVE YOU CONTACTED ANOTHER ATTORNEY ABOUT THIS ISSUE?</b>	
<b>IF YES, WHO HAVE YOU CONTACTED?</b>	
<b>WHAT DID THEY SAY ABOUT YOUR CLAIM?</b>	
<b>HOW DID YOU HEAR ABOUT OUR FIRM?</b>	
<b>SPECIFY WHO/WHAT/WHEN/WHERE?</b>	