

**IN THE UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF GEORGIA**

**IN RE: WRIGHT MEDICAL TECHNOLOGY, )  
 INC., CONSERVE HIP IMPLANT )  
 PRODUCTS LIABILITY LITIGATION )  
 )  
 )  
 )  
 )**

MDL DOCKET NO. 2329  
**1:12-MD-2329-WSD**  
 THE HON. WILLIAM S. DUFFEY, JR.

**Plaintiff's Preliminary Disclosure**

Instructions: Please provide the following information for each individual on whose behalf a claim is being made relating to implantation of the Wright Conserve Hip Implant System. When providing names and addresses please provide the full name and full address, including street number, street name, city, state and zip code.

<b>I. CASE INFORMATION</b>			
Caption:		Plaintiff's Attorney & Contact Information:	
Docket No.:			
<b>II. PATIENT PERSONAL INFORMATION</b>			
Name:		Wrongful Death Claim:	Y/N
Address:		Date of Birth:	
<b>III. WRIGHT PRODUCT INFORMATION</b>			
Type of Prosthesis:		Product Code/Lot Code:	
Side of Body:	Right / Left / Both (circle one) (Complete one Plaintiff's Preliminary Disclosure form for each implantation surgery involving a Conserve Device)	Date of Implantation:	
Name and Address of Implanting Surgeon:			
Name and Address of Hospital or Clinic where surgery performed:			
<b>*ATTACH MEDICAL RECORDS WITH MANUFACTURER/PRODUCT STICKERS FROM IMPLANTATION SURGERY.</b>			
<b>IV. REVISION SURGERY HAS NOT OCCURRED</b> (Complete this section if revision surgery has not occurred)			
Revision Surgery Scheduled	Y/N	Date of Revision Surgery (if scheduled):	
Imaging Study(ies) Conducted? (eg MRI/CT/ Ultrasound)	Y/N	If yes, list which reports are available:	
Blood Testing Conducted:	Y/N	If yes, list which reports are available:	
<b>V. REVISION SURGERY HAS OCCURRED</b> (Complete this section if a revision surgery has occurred)			
Date(s) of Revision Surgery:			
Name(s) and Address(es) of Revision Surgeon(s):			
Name(s) and Address(es) of Revision Surgery Hospital(s):			
Manufacturer(s) and Size(s) of Replacement Device(s):			
Are You in Possession of Explant?	Y/N	Location of Explant:	

BY: \_\_\_\_\_  
 Attorney for Plaintiff – *INSERT NAME*

\_\_\_\_\_ Dated