IN RE: PROPULSID® PRODUCTS LIABILITY LITIGATION
UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF LOUISIANA
MDL NO. 1355
SECOND RESOLUTION PROGRAM

MEDICAL RECORDS REIMBURSEMENT FORM

1. This form is submitted by the undersigned counsel of record for claimant:

   _____
   Name of Claimant

   _____
   Date of Birth of Claimant

   _____
   Social Security Number of Claimant

2. The undersigned counsel, on behalf of the claimant identified herein, has previously submitted an Enrollment Form to enroll in the Second MDL-1355 Resolution Program, together with the appropriate documents as required by the Enrollment Form.

3. The undersigned counsel has submitted this Medical Records Reimbursement Form of the claimant identified herein after consultation or communication with the claimant and with the approval of the claimant.

4. To the best of the undersigned counsel of record's belief, the claimant identified herein is not entitled to payment under the Second MDL-1355 Resolution Program because **[PLEASE CHECK ONE THAT APPLIES]:**

   _____ the claimant did not have an Event (as defined in Exhibit A to the Second MDL-1355 Term Sheet (hereafter "Term Sheet").

   _____ the claimant did have an Event (as defined in Exhibit A to the Term Sheet), but did not ingest Propulsid® within seventy-two (72) hours of the Event (as defined in Exhibit A to the Term Sheet) or, in the case of death, within seventy-two (72) hours of the arrhythmia that directly resulted in the subsequent death.

5. The undersigned counsel has reviewed the medical records of the claimant identified herein and certifies to the following:
   a. The existence of a medical or pharmacy prescription record indicating Propulsid® use **[PLEASE ATTACH A COPY HERETO]**;
   b. The following medical condition or injury occurred after such Propulsid® use which the claimant has attributed to such Propulsid® use **[PLEASE SPECIFY THE MEDICAL CONDITION OR INJURY]:** _____;and
   c. The existence of a medical record indicating the medical condition or injury specified in paragraph 5.b above **[PLEASE ATTACH A COPY HERETO].**

6. Based upon the foregoing, the undersigned counsel, with the approval of the claimant, hereby requests the $250.00 payment to defray the costs paid for the claimant's medical records.

7. The undersigned counsel, on behalf of the claimant identified herein, acknowledges that upon such payment, defendants may file the Stipulation of Dismissal for the claimant identified herein pursuant to Section 4B of the Term Sheet.

Dated: _____

[Signature of Plaintiff's/Claimant's Attorney]
Printed Individual Attorney Name
Law Firm Name, Address, Telephone/Fax