

SECONDARY CLASS COMPENSATION REQUEST FORM
Dupont Class Action

If you believe you fall into the Secondary Class (being “all persons resident in Canada who were implanted by the Defendants with a foot stent approved by Health Canada”) and wish to participate in the settlement of this class proceeding, **please complete and submit this form to the address below by December 11, 2019**. Prior to completing this Form, please ensure you have carefully read the Notice of Certification and Settlement Approval Motion and the Notice of Settlement.

PERSONAL INFORMATION

1. Name: _____

2. Date of birth: _____

3. Current address: _____

STENT PROCEDURE

4. On what date(s) did Mr. Pierre Dupont and the Ottawa Foot Practice Inc. implant you with foot stents approved by Health Canada, specifically HyProCure© foot stents?

5. If possible, please attach documentation confirming that you underwent the foot stent implant procedure with Mr. Dupont and the Ottawa Foot Practice Inc.

Please be aware that by participating in this settlement you will be precluded from bringing any other claims relating to the implantation of foot stents by the Defendants, Mr. Dupont and the Ottawa Foot Practice Inc.

Individuals who qualify as Class Members and who wish to participate in the Class Action are automatically included in the Class Action. Any Class Member who wishes to opt out of the Class Action may do so on or before December 11, 2019. **By completing this Compensation Request Form, it is assumed that you will not opt out of the Class Action.**

Please submit your completed Compensation Request Form by email to Lucy Jackson at ljackson@thomsonrogers.com

Questions for counsel from Class Members should be directed by email, fax or telephone to:

Lucy Jackson
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Toronto, Ontario, M5H 1W2
Toll free: 1-888-223-0448, Fax: 416-868-3134
ljackson@thomsonrogers.com