

Suite 300, 166 Pearl Street  
 Toronto, ON Canada M5H 1L3  
 t 416.348.7500 f 416.348.7505  
 Toll Free: 1.888.410.0656  
 vioxxclassaction@toughcounsel.com  
 www.toughcounsel.com

**VIOXX® CLASS ACTION CASE EVALUATION**

**Personal Information of VIOXX® User**

Full name	
Home Address	
City	
Province	
Postal Code	
Home Phone	
Mobile or Cellular Phone	
Fax	
E-mail Address	

**Case Information of VIOXX® User**

Date of Birth of VIOXX® User	
VIOXX® Dosage Prescribed	12.5Mg <input type="checkbox"/> 25Mg <input type="checkbox"/> 50Mg <input type="checkbox"/> 75Mg <input type="checkbox"/> Other _____
Date of First Use	
Proof of Taking VIOXX®	Prescription Bottle <input type="checkbox"/> Pharmacy Records <input type="checkbox"/> Doctor Record <input type="checkbox"/> Other _____
Date of Last Use	

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**Case Information of VIOXX® User**

Alleged Injury (please select all that apply)	Heart Attack	<input type="checkbox"/>
	Deep Vein Thrombosis	<input type="checkbox"/>
	Stroke	<input type="checkbox"/>
	Pulmonary Embolism	<input type="checkbox"/>
	Blood Clotting	<input type="checkbox"/>
	Other (please specify)	_____
Date of Diagnosis of Injury		

**Personal Information of Person having a Relationship to VIOXX® User (if applicable)**

Full name	
Home Address	
City	
Province	
Postal Code	
Home Phone	
Mobile or Cellular Phone	
Fax	
E-mail Address	

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**Personal Information of Person having a Relationship to VIOXX® User (if applicable)**

Relationship to VIOXX® User	Spouse	<input type="checkbox"/>
	Child	<input type="checkbox"/>
	Other Relative (please specify) _____	
	Executor	<input type="checkbox"/>
	Administrator	<input type="checkbox"/>
	Other (please specify) _____	

**Additional Information**

Please briefly describe any relevant history or facts about your alleged claim: