

VIOXX INTAKE SHEET

Caller: Last _____ First: _____ Middle Initial: ____

Phone Number (Area Code Included): _____

Address: City: _____ State: _____ Zip Code: _____

Name of VIOXX Patient: Last: _____ First: _____ Middle Initial: ____
 Check if same as caller

Date of Birth: _____

Social Security Number: _____

Prescribing Dr.: Name: _____
Address: _____

Pharmacy: Name: _____
Address: _____

When was patient first prescribed Vioxx? _____

When was it last used? _____

- Check if deceased.
- Check if had heart attack
- Check if had stroke

Death Certificate? Yes No

Autopsy? Yes No

PRINT, COMPLETE AND MAIL TO:

Bryan Cigelske
Taylor – Martino, P.C.
P. O. Box 894
Mobile, Alabama 36601

or

COMPLETE AND
CLICK SUBMIT