325 Corporate Drive
Mahwah, New Jersey 07430
t: 201-831-5166 f: 201-831-4166
camille.pesce@stryker.com

stryker®

Orthopaedics

[redacted]

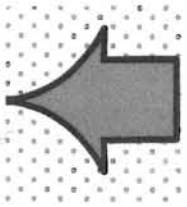
Mrs [redacted]

Dear Mrs [redacted]:

Thank you for taking the time to submit a report regarding your Hip Surgery (Right) which took place on September 13, 2010. We have initiated the following Product Experience Report, **PER NUMBER:** [redacted], for your case.

In order for Stryker to conduct an investigation of your experience, we need to obtain the following items:

1. Copies of the Pre/Post Operative Report
2. Copies of the Radiology
3. Medical Records/Lab Reports
4. Office Notes
5. Implant Sheet



You have the option of obtaining these records yourself or you may sign the enclosed Authorization Form. The *Authorization to Use or Disclose Health Information* form will allow Stryker to gain access to relevant medical records that may be needed to assist in our investigation. If you prefer that Stryker obtains your medical records, please sign the form and return it in the envelope provided. If you prefer to obtain your own medical records, please forward the documents in the enclosed FedEx package. It is important to note that we need to obtain all of the required medical records before we begin the investigation of your experience.

Last, please provide the names and addresses of the doctors who may have copies of any medical records associated with your surgery as well as any other pertinent information that may be helpful for us to know. Please reference your **PER NUMBER:** [redacted] when communicating with us or send us information.

Please be aware that Stryker Orthopaedics will only focus on the product investigation and that we will not be able to provide you with a medical opinion of your case, as Stryker Orthopaedics is not a medical provider.

If you have any questions regarding this letter, please feel free to contact me at (201) 831-5166.

Sincerely,

Jessica Cornelius

On behalf of

Camille Pesce

Camille Pesce
Product Complaint Administrator
Stryker Orthopaedics

Encl. Authorization to Use or Disclose Health Information

Camille Pesce
Product Complaint Administrator
Post Market Surveillance Team

stryker

Orthopaedics

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AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

PATIENT'S NAME: [redacted]
PATIENT'S ADDRESS: [redacted]
PATIENT'S DATE OF BIRTH: _____ SOCIAL SECURITY #[redacted]_____

I hereby authorize disclosure of protected health information about me as follows:
Doctor's Name: Dr[redacted], MD, [redacted]
[redacted] is authorized to disclose medical information about me.

The information may be disclosed to: Camille Pesce
Product Complaint Administrator
Stryker Orthopaedics
325 Corporate Drive
Mahwah, New Jersey 07430
PER NUMBER: [redacted]
Phone: 201-831-5166 Fax: 201-831-4166

The specific information to be disclosed is x-rays, operative report, medical records, and implant sheet, and office notes.

Date From[redacted] to Date End: Present (Right Hip)

The purpose of the requested disclosure is: for investigational purposes

I acknowledge that the information disclosed pursuant to this authorization may be subject to redisclosure by the recipient and no longer protected by Federal Law.

I understand that my health record may include information pertaining to the treatment of drug and alcohol abuse, mental illness, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency (HIV); sexually transmitted disease, tuberculosis or genetics. IF YOU DO NOT WISH THIS INFORMATION TO BE RELEASED, PLEASE INITIAL. DO NOT RELEASE___.

I have the right to revoke this authorization by written notice to Stryker Orthopaedics. I understand that actions in reliance on this authorization cannot be reversed, and my revocation will not affect those actions.

This authorization expires or[redacted] or upon the following event.

If no date is specified, the authorization will expire in six months from the date of signature below.

_____ _____
Signature of Patient or Personal Representative — Date of Signature

If signed by a personal representative, a description of the representative's authority to act is as follows: