

**FOSAMAX CLAIM WORKSHEET  
FOR COUNSEL<sup>1</sup>**

CLAIMANT NAME: \_\_\_\_\_

1. Does the claimant have documented use of at least 84 days of Fosamax use in pharmacy records?

· YES/NO

- If yes, identify bates-stamp page number(s) of claim package where this proof is to be found.

Bates-stamp page #s

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<sup>1</sup> THIS IS NOT THE OFFICIAL FOSAMAX SETTLEMENT CLAIM FORM. THIS WORKSHEET IS PREPARED BY THE FOSAMAX MDL NO. 1789 PSC IN SO THAT CLAIMANT'S COUNSEL CAN IDENTIFY AND BEGIN COLLATING THE INFORMATION THAT WILL BE REQUIRED TO BE SUBMITTED WITH THE FINAL CLAIM FORM, WHICH WILL BE POSTED AT A LATER DATE.

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2. Does the claimant have a diagnosis of osteonecrosis of the jaw (“ONJ”) or bisphosphonate-related osteonecrosis of the jaw documented in any dentist’s or oral surgeon’s medical or dental records?

· YES/NO

· If yes, identify the bates-stamp page number(s) of claim package where this proof is to be found **and** the name, address, and profession of the provider(s) from which the record comes.

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Name and Address of Provider

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Profession of Provider

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3. Answer only if there is no documented diagnosis of ONJ or BRONJ: does the claimant have eight weeks of exposed jaw bone documented in any dentist's or oral surgeon's medical or dental records?

· YES/NO

· If yes, identify the bates-stamp page number(s) of claim package where this proof is to be found, the record dates indicating exposed jaw bone, **and** the name, address, and profession of the provider(s) from which the record comes.

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Dates of exposed bone

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Name and Address of Provider

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Profession of Provider

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4. Answer only if the answers to Questions 2 and 3 were “NO”: do you have a signed Rule 26 expert report from a board-certified oral and maxillofacial surgeon specifically citing oral surgery and/or dental records from which the expert opines to a reasonable degree of scientific certainty that the claimant had dental and/or oral surgery proof of ONJ or BRONJ?

· YES/NO

· If yes, attach the signed Rule 26 expert report and curriculum vitae of the expert.

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5. Did the claimant ever undergo any out-patient surgery for his/her ONJ?

· YES/NO

· If yes, identify the bates-stamp page number(s) of claim package where this proof is to be found **and** the name, address, and profession of the provider(s) from which the record comes.

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Name and Address of Provider

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Profession of Provider

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6. Did the claimant ever receive intravenous antibiotics as a result of his/her ONJ?

· YES/NO

· If yes, identify the bates-stamp page number(s) of claim package where this proof is to be found **and** the name, address, and profession of the provider(s) from which the record comes.

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Name and Address of Provider

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Profession of Provider

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7. Did the claimant ever undergo hyperbaric oxygen treatment as a result of his/her ONJ?

· YES/NO

· If yes, identify the bates-stamp page number(s) of claim package where this proof is to be found **and** the name, address, and profession of the provider(s) from which the record comes.

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Name and Address of Provider

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Profession of Provider

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8. Did the claimant ever have a diagnosed pathologic jaw fracture as a result of his/her ONJ?

· YES/NO

· If yes, identify the bates-stamp page number(s) of claim package where this proof is to be found **and** the name, address, and profession of the provider(s) from which the record comes.

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Name and Address of Provider

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Profession of Provider



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9. Did the claimant ever have extra-oral or intraoral fistula/e as a result of his/her ONJ?

· YES/NO

· If yes, identify the bates-stamp page number(s) of claim package where this proof is to be found **and** the name, address, and profession of the provider(s) from which the record comes.

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Name and Address of Provider

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Profession of Provider

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10. Did the claimant ever have jaw resection surgery which required overnight hospitalization?

· YES/NO

· If yes, identify the bates-stamp page number(s) of claim package where this proof is to be found **and** the name, address, and profession of the provider(s) from which the record comes.

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Name and Address of Provider

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Profession of Provider