

Patient Letter

Date:

Dear _____,

I am writing to share important information about your hip replacement implant, the DePuy ASR™ Hip System. A small number of patients with the hip implant you received have experienced problems that require additional care and potentially further treatment. For this reason, DePuy Orthopaedics, Inc. ("DePuy"), the maker of your hip, has advised me that they are recalling the ASR Hip System and recommending that patients be evaluated.

Please call my office to schedule an appointment for the evaluation of your hip. During that appointment, I would like to discuss with you any symptoms/problems you are having, additional testing that has been recommended and the best plan for ongoing testing and treatment for you. DePuy will pay for the examination and any medical follow up for the ASR Hip System as described in the attached **Information for Patients** sheet. The recall of the ASR Hip does not necessarily mean you will need to have the implant removed.

The **Information for Patients** sheet, provided by DePuy, will help to address any questions you may have about your hip implant, the reason it is being recalled and what you need to do. If you have any questions regarding the performance of your hip implant, please contact my office. If you have questions about payment for treatment, please contact DePuy using the phone number included in the **Information for Patients** sheet.

Also included with this letter is a **Patient Consent Form**. Your completion of this form allows me to share information regarding your hip with DePuy and certain other parties acting on DePuy's behalf. DePuy requires this information in order to assess whether you have received one of the recalled products as well as whether the costs of your medical treatment are eligible for reimbursement.

Once again, please contact my office as soon as possible to set up a follow up appointment so that I may address your concerns and discuss the best treatment options for you.

Sincerely,