

**OPT OUT FORM  
(Dupont Class Action)**

TO: THOMSON, ROGERS

I, \_\_\_\_\_ (*insert full name*), have received Notice of Settlement of the Pierre Dupont Class Action.

I believe that I am a *Class Member*.

I was implanted with a foot stent by Pierre Dupont and/or the Ottawa Foot Practice Inc. I am a resident of \_\_\_\_\_.

I do NOT wish to participate in the Pierre Dupont Class Action and I hereby Opt Out of the Pierre Dupont Class Action.

I understand that by opting out of this Class Action I will not be eligible for any benefit that is available to the Class.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please send this completed form to:  
Thomson, Rogers to the attn. of Lucy Jackson, by either:  
Fax No. 1-416-868-3134  
Email: [ljackson@thomsonrogers.com](mailto:ljackson@thomsonrogers.com)  
Courier or mail: 3100-390 Bay St., Toronto, ON, M5H 1W2