



Patient Decline Form

You have been asked to participate in the FDA mandated 522 explants retrieval initiative which requires you to provide Zimmer with your explant and any tissue or fluid retrieved during your revision procedure. This letter serves to acknowledge your decision as the patient to decline participation.

Please sign and return the statement below as an acknowledgment that you have discussed the FDA 522 mandated Zimmer explants retrieval initiative with your surgeon and your decision not to participate.

PATIENT SECTION:

I, _____, have discussed the FDA 522 mandated Zimmer explants retrieval initiative with the surgeon and have had all questions answered. I have decided to decline participation in the FDA 522 mandated Zimmer explants initiative.

Patient Signature: _____

Date: _____

By signing this letter, you as the patient do not forfeit any legal rights. Your signature only acknowledges that this initiative has been explained to you and you have decided not to participate.

SURGEON SECTION:

I, _____, have discussed the FDA 522 mandated Zimmer explants retrieval initiative with the patient and have answered any and all questions of the patient.

Surgeon Signature: _____

Date: _____

By signing this letter, you as the surgeon only acknowledge your due diligence in explaining the FDA 522 mandated Zimmer explants retrieval initiative to the patient.
