

Beovu (brolucizumab-dbll)

FDA First approved 10/7/2019 | Dosage form: Injection
Manufacturer: Novartis Pharmaceuticals Corporation
Treatment for: Macular Degeneration

Lawsuit claims the manufacturer of Beovu failed to adequately warn patients and doctors that use of the drug could result in vision loss and blindness.

Injured name: _____ DOB: _____

Single, Widow, Divorced, Married (if married, spouse name): _____

Caller Name (if different): _____

Caller's relationship to injured person: _____

Why are you calling rather than the injured person? _____

Mailing Address (street/PO Box, city, state, zip): _____

Physical Address, if different: (street, city, state): _____

Cell phone: _____ May we text you? If yes, who is your provider: _____

Home phone: _____ Work phone: _____

Email Address: _____ Preferred method of contact: _____

(If Injured Person Is Deceased) Date of Death: _____

Cause(s) of Death: _____

Residency at time of Death (city & state): _____

Has an Estate been opened: _____ Appointed Personal Representative: _____

_____  _____

Have you ever received injection(s) of Beovu? _____ (if no, decline)

If yes, what were the approximate dates of injection(s)?

Were you diagnosed with any of the following:

_____ Retinal Vasculitis Date of Diagnosis: _____

_____ Retinal Vascular Occlusion Date of Diagnosis: _____

_____ Vision Loss Date of Diagnosis: _____

_____ Blindness Date of Diagnosis: _____

If no, what problems did you have?

Did you receive a diagnosis (if yes, what)? _____

When did you receive that diagnosis? _____

Has a physician ever related your injury to your use of Beovu? _____

If yes, who? _____

Location (City & State): _____

How did you first become aware that you may have a claim related to your exposure to Beovu (tv, web, newspaper, etc)? _____

When was that? _____

Additional information:

******* Please be sure to save all evidence *******

Including any proof of purchase, receipts, packaging, boxes, etc.