

# Fonvielle Lewis Foote & Messer

ATTORNEYS AT LAW

800-876-7773  
(850) 422-7773

## ZICAM QUESTIONNAIRE

### GENERAL INFORMATION

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

#### CONTACT INFO:

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

*NOTE: If you are completing this form for a friend or family member,  
please provide the following information:*

RELATIONSHIP TO INJURED PERSON: \_\_\_\_\_

NAME OF INJURED PERSON: \_\_\_\_\_

AGE: \_\_\_\_\_

### INFORMATION CONCERNING ZICAM USE

Was Zicam suggested by your physician? YES \_\_\_\_\_ NO \_\_\_\_\_

Reason for its use? \_\_\_\_\_

Date of first use? \_\_\_\_\_

Date stopped? \_\_\_\_\_

Reason stopped? \_\_\_\_\_

Identify the type of product(s) used:

Zicam Cold Remedy Nasal Gel \_\_\_\_\_

Zicam Cold Remedy Nasal Swabs \_\_\_\_\_

Zicam Cole Remedy Swabs, Kids Size \_\_\_\_\_

**Be sure to keep all receipts, containers, packaging or any remaining  
product in a safe place.**

Have you received a recall letter from your physician or pharmacist? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you used other brands of nasal cold remedy or allergy products in the past? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you been diagnosed with a loss of the sense of smell? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, when were you diagnosed? \_\_\_\_\_

*Please note that by providing us this information, you are not establishing an attorney-client relationship.*

PLEASE RETURN THE COMPLETED FORM  
BY MAIL TO:

ATTENTION: ZICAM  
FONVIELLE LEWIS FOOTE & MESSER  
3375 CAPITAL CIRCLE N.E.  
BUILDING A  
TALLAHASSEE, FLORIDA 32308

OR BY FAX TO:

(850) 422-3449