

# IMPLANT PROOF WITNESS FORM

Print Applicant Name: \_\_\_\_\_

## INSTRUCTIONS

**This form must be filled out by a Witness, meaning someone who knew you *at the time you were implanted* with the breast implants which now need to be removed. The witness must fill in the information requested in Items 1.-6. Please Print your answers clearly, so that they are easy to read.**

I declare that the following information that I have provided in this Statement is true, correct, and complete to the best of my information and belief:

1. State Your Full Name (first/middle/last) \_\_\_\_\_

2. What is your relationship to the Applicant? \_\_\_\_\_

3. Provide the year you first met the applicant, to the best of your recollection:

\_\_\_\_\_

4. Do you know that the Applicant has breast implants that were implanted in approximately [If 'Yes', also state the month/day/year of the surgery to the best of your recollection]?

\_\_\_\_\_

5. If you know that the applicant has breast implant(s), when did you first learn of this fact? (state the month/day/year, to the best of your recollection.)

\_\_\_\_\_

6. Briefly describe how you first learned that the Applicant was implanted with breast implant(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witness Name \_\_\_\_\_

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

Address \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**IMPLANT PROOF STATEMENT-Page 2**

APPLICANT NAME: \_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_

Date of Signature: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(month / day / year)