

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 _____

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APPLICANT NAME: _____

WITNESS SIGNATURE: _____

Date of Signature: ____ / ____ / ____
(month / day / year)