

Depo-Provera Brain Tumor and Meningioma Claim Form

Law Office of Robert King - 650 Clinton Square, Rochester, NY 14604

1. Depo-Provera Use History

Did you use the brand-name (Pfizer) Depo-Provera, depo-SubQ, or a generic version of Depo-Provera at least twice?

☐ Yes ☐ No

2. Diagnosis Confirmation

Were you diagnosed with a meningioma or another type of brain tumor after using Depo-Provera?

☐ Yes ☐ No

3. Contact Information

First Name*: _____

Last Name*: _____

Email Address*: _____

Phone Number*: _____

4. Additional Information

Please provide any additional information that may help us evaluate your case:

Consent and Acknowledgment

By providing your phone number, you consent to receive calls and text messages from the Law Office of Robert King and/or its partner firms, including messages regarding your inquiry. Message and data rates may apply. Message frequency may vary.

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Signature: _____ Date: _____

(Please type name above)

Please return this form to kinglaw@robertkinglawfirm.com or call 585-496-2648 to speak with an intake specialist.