

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ALABAMA
Southern Division**

IN RE:)	
)	
SILICONE BREAST)	
IMPLANT PRODUCTS)	Master File No. CV92-P-10000-S
LIABILITY LITIGATION)	
HEIDI LINDSEY, et al.)	
)	
Plaintiffs;)	
)	Civil Action No. CV94-P-11558-
-vs.-)	S
)	
)	
DOW CORNING CORP. , et al.,)	
)	
Defendants.)	

Order

(Deficiencies in Claims)

After discussions with the Claims Administrator, the Plaintiffs’ Steering Committee, and the Settling Defendants to the Revised Settlement Program, the Court has concluded that some of the requirements contained in the original settlement agreement (or the original notice), in Order No. 18, or in the notice of the Revised Settlement Program should be modified in order to avoid the inappropriate classification of certain claims under the Revised Settlement Program as having a “deficiency.”

1. For ACTD claims under the original disease schedule:
 - (a) “Documentation” shall not be required with respect to the following eight symptoms: (1) Lymphadenopathy, (2) Sicca symptoms, (3) Dysphagia, (4) Alopecia, (5) Sustained balance disturbances, (6) Easy bruisability or bleeding disorder, (7) Chronic cystitis or bladder irritability, and (8) Colitis or bowel irritability. “Documentation” will, however, continue to be required with respect to (1) Arthralgia, (2) Myalgias, (3) Sleep disturbances, and (4) Neurological symptoms (including cognitive dysfunction or paresthesia).
 - (b) It shall not be required that chronic fatigue have lasted for longer than six months.
 - (c) It shall not be required that ANA tests have been performed using the Hep2 substrate.
2. For ANDS claims under the original disease schedule based on polyneuropathy or myasthenia gravis, it shall not be required that there be an actual diagnosis of such conditions if there otherwise has been submitted sufficient evidence of, and the required findings confirming, such conditions.
3. Notwithstanding the provisions of paragraph 27(b)(1) of the original Notice, it shall not be required that there be submitted to the Claims Office all medical records on which a Qualified Medical Doctor’s Statement or Diagnosis was based. All the medical records on which the QMD’s determination

of disability is based must, however, be submitted.

4. Notwithstanding the provisions of Order No. 18, a determination as to disability made by a non-treating QMD shall not be treated as “deficient” merely because such QMD’s Statement or Diagnosis does not expressly affirm that the QMD had sufficient information to form a professional opinion about the disability, fails to state the information on which the opinion was based, or fails to state the source of the information on which the opinion was based.

5. The remaining deficiencies developed by the Claims Office will be used by that Office in evaluating claims and registrations under the Revised Settlement Program and in sending Notification of Status letters.

This the 16th day of May, 1996.

Chief Judge Sam C. Pointer, Jr.