

5/6/2024

LPR Lead Attorney:

[Cameron Stephenson](#), Plaintiff's Executive Committee

Email all leads to:
intakereview@levinlaw.com

GLP-1 RA

(Glucagon-like peptide-1 receptor agonists)
Ozempic, Wegovy & Rybelsus only

<https://levinlaw.com/ozempic-lawsuit>

About

Glucagon-like peptide-1 receptor agonists, also known as GLP-1 receptor agonists, are a class of medications utilized in the treatment of type 2 diabetes and obesity.

The drug comes in pill or a liquid form that is injected via a prefilled disposable pen.

Criteria

- Age at time of intake must be 75 or younger
- Use of Ozempic or Wegovy or Rybelsus Brand Name only (no generics /no other GLP-1 RA drugs in class)
- Diagnosis of Gastroparesis or Stomach Paralysis or Gastric Obstruction while taking the drug or within 30 days of stopping
- Required Emergency Room Visit or Hospital Admission

LPR is unable to accept potential clients where the statute of limitations may have expired, or may expire in the near future.

The following considerations should be given before contracting cases from these locations as LPR will be unable to confirm acceptance for investigation until after reviewing the initial intake.

- We will consider the discovery rule or other equitable tolling statutes for initial investigation if the applicable states allow it.
- Generally, we will not take cases where the symptoms or injury are within 90 days in the following states with one year statutes of limitation - KY, LA, TN & PR.
- We will not accept cases from the following states if the statute from the date of injury, as defined by that state, has expired because these states have no discovery rule or harsh triggers for the statute of limitations, including AL, ID, ME, TX, NY, and VA.

Prior to starting a paid campaign please confirm criteria with us at partnerwithlpr@levinlaw.com

Personal Data

Contact Information		
Injured person name		
Date of Birth		
Single, Widow, Divorced, Married		
If married, spouse name		
Caller Name (if different)		
Relationship to injured person		
Why are you calling rather than the injured person?		
Mailing Address		
Street/PO Box, city, state, zip		
Physical Address, if different		
Street, city, state, zip		
Do you consent to be contacted by phone?	Yes	No
Home phone		
Work phone		
Cell phone		
May we text you?	Yes	No
If yes, who is your provider		
Do you consent to be contacted by email?	Yes	No
Email Address		
Preferred method of contact		

If Injured Person Is Deceased	
Date of Death	
Cause(s) of Death	
Residency at time of Death (city & state)	
Has an Estate been opened	
Appointed Personal Representative	

Alternate Contact	
no case related information will be discussed	
Name	
Relationship	
Phone	
Email	
Address	

Are you currently represented by an attorney or law firm regarding a lawsuit related to this same issue? No
 Yes (decline)

Did you take any of the following Ozempic
 Brand Name GLP-1 RA drugs? Wegovy
 (If none, or generic only, decline) Rybelsus

What is your current age: _____ (If 76 or older, decline)

Have you been diagnosed with any of the following? Did injury require ER Visit or
 If none, decline Hospital Admission? If no, decline

	Gastroparesis	
	Stomach Paralysis	
	Gastric Obstruction	

For each drug taken please, provide the following details:

Start date Stop date Prescribing Doctor (if multiple physicians, list all in order of prescribing) Street Address City & State
 Name

Ozempic					
Wegovy					
Rybelsus					

For each drug taken provide the following information (Required):

For each taken list all pharmacy/pharmacies you used to fill your prescription(s) Start date Stop date
 Name Street address, City, State, Zip month & year month & year

Ozempic				
Wegovy				
Rybelsus				

GLP-1 RA Questionnaire

Please provide the following information regarding your injury:

Gastroparesis	
Month & Year of diagnosis:	
Name of diagnosing doctor:	
Doctor street address:	
City & State:	
Hospital name:	
Street, City & State:	
ER visit Admission?	
Date/Time Frame:	

Stomach Paralysis	
Month & Year of diagnosis:	
Name of diagnosing doctor:	
Doctor street address:	
City & State:	
Hospital name:	
Street, City & State:	
ER visit Admission?	
Date/Time Frame:	

Gastric Obstruction	
Month & Year of diagnosis:	
Name of diagnosing doctor:	
Doctor street address:	
City & State:	
Hospital name:	
Street, City & State:	
ER visit Admission?	
Date/Time Frame:	

What is the current status of your condition?

Inform caller to save all potential evidence such as:
proof of purchase, bottles, pills, packaging, letters, emails, etc