



J.L.Thomas & Company

A LIFEMARK PARTNER

The strength of many. The power of one.

Cardiac Catheterization - Ask "Rx" pert underwriter (ask our experts)

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has had breast cancer, please answer the following:

1. Please list date(s) of any catheterization(s)

2. Has your client had any of the followin

heart attack _____ (date)

bypass surgery _____ (date)

angioplasty _____ (date)

3. Is your client on any medication

yes, please give details _____

no

4. Please check if your client has had any of the followin

history of chest pain 0 diabetes

lipid disorder 0 family history of heart disease

overweight 0 high blood pressure

5. Has your client smoked cigarettes in the last 12 month

yes

no

6. Does your client have any other major health problems (ex: canc , etc.)?

yes, please give details _____

no

Please submit a copy of the cardiac catheterization report(s).