



J.L.Thomas & Company

A LIFEMARK PARTNER

The strength of many. The power of one.

Cervical Cancer - Ask "Rx" pert underwriter (ask our experts)

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has a history of Cervical Cancer, please answer the following:

1. Please list date of diagnosis: _____

2. What stage was the cance

- Stage 0 (in-situ) Stage II
- Stage Ia Stage III
- Stage Ib Stage IV

3. How was the cancer treated? (check all that apply)

- cone surgery
- total hysterectomy
- radiation therapy
- chemotherapy

4. Please list date treatment was completed: _____

5. Is your client on any medication

- yes, please give details _____
- no

7. Has your client smoked cig ettes in the last 12 months?

- yes, please give details _____
- no

8. Does your client have any other major health oblems (ex: heart disease, etc.)?

- yes, please give details _____
- no