



J.L.Thomas & Company

A LIFEMARK PARTNER

The strength of many. The power of one.

Endometrial (Uterine) Cancer - Ask "Rx" -pert Underwriter (*ask our experts*)

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has a history of Endometrial (Uterine) Cancer, please answer the following:

1. Please list date of diagnosis: _____
2. What stage was the cancer
 - Stage 0 (in-situ)
 - Stage I
 - Stage II
 - Stage III
 - Stage IV
3. How was the cancer treated? (check all that apply)
 - total hysterectomy
 - radiation therapy
 - chemotherapy
 - hormonal therapy
4. Please list date treatment was completed: _____
5. Is your client on any medication
 - yes, please give details _____
 - no
6. Has there been any evidence of recurrence
 - yes, please give details _____
 - no
7. Has your client smoked cigarettes in the last 12 months
 - yes, please give details _____
 - no
8. Does your client have any other major health problems (ex: heart disease, etc.)
 - yes, please give details _____
 - no

After reading the Rx for Success on "Endometrial (Uterine) Cancer", please feel free to use this Ask "Rx" pert underwriter for an informal quote.