



J.L.Thomas & Company

A LIFEMARK PARTNER

The strength of many. The power of one.

Hepatitis - Ask "Rx" pert underwriter (ask our experts)

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has had hepatitis, please answer the following:

1. Please list date of diagnosis: _____

2. as the hepatitis due to:

- hepatitis A
- hepatitis B, resolved
- hepatitis B, carrier or chronic infection
- hepatitis C (non-A/non-B)
- other, please specify _____

3. Please give the date and results of the most recent liver enzyme test

a) AST/SGOT _____

b) T/SGPT _____

c) GGTP _____

4. Is your client on any medication

- yes, please give details _____
- no

5. Does your client drink alcoho

- yes, please note amount and frequency _____
- no

6. Please check if any of the following studies have been complet

a) liver ultrasound or CT sc normal abnormal

b) liver biop normal abnormal

c) no further evaluati

7. Has your client been diagnosed with any of the followi

- chronic hepatitis
- cirrhosis

8. Has your client been treated with interferon or anti-viral drug

- yes, please give details _____
- no

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

- yes, please give details _____
- no

Please submit a copy of the hepatitis studies and liver biopsy report if completed.