



J.L.Thomas & Company

A LIFEMARK PARTNER

The strength of many. The power of one.

Mitral Valve Disorders - Ask "Rx" -pert Underwriter *(ask our experts)*

Producer _____ Phone _____ Fax _____
Client _____ Age/DOB _____ Sex _____

If your client has had mitral stenosis and/or regurgitation, please answer the following:

1. How long has this abnormality been present? _____ (year)
2. as the sleep apnea diagnosed as:
 - Mitral stenosis
 - Mitral regurgitation
 - Mitral valve prolapse (MVP)
3. Have any of the following occur

Chest pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Trouble breathing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart failure	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Palpitations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Atrial Fibrillation/Flutter	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Is there a history of any other heart disease in addition to the mitral valve disorder (problems with other valves, coronary artery disease, etc.)?
 - Yes, please give details _____
5. Have additional studies been completed? (check all that apply) Please send the report
 - Echocardiogram _____ (date)
 - Cardiac catheterization _____ (date)
 - None
6. Is your client on any medication
 - Yes, please give details _____
 - No
7. Has your client smoked cigarettes in the last 12 month
 - Yes, please give details _____
 - No
8. Does your client have any other major health problems *ex: cancer, etc.*?
 - Yes, please give details _____
 - No

After reading the Rx for Success on Mitral Valve Disorders, please feel free to use the Ask "Rx" -pert Underwriter for an informal quote.