



J.L.Thomas & Company

A LIFEMARK PARTNER

The strength of many. The power of one.

PTCA - Ask "Rx" pert Underwriter (ask our experts)

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has had a coronary angioplasty (PTCA), please answer the following:

1. Please list date(s) of the angioplasty (PTCA): _____

2. How many vessels required the procedure? _____

3. Has your client had any of the following?

heart attack _____ (date)

bypass surgey _____ (date)

4. Is your client on any medications (including aspirin

yes, please give details _____

no

5. Has a follow-up stress (exercise) ECG been completed since the PTC

yes – normal _____ (date)

yes – abnormal _____ (date)

no

6. Has your client had any chest discomfort since the PTC

yes, please give details _____

no

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

abnormal lipid levels

diabetes

overweight

elevated homocysteine

high blood pressure

peripheral vascular disease

irregular heart beat

cerebrovascular or carotid disease

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

yes

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 angiogram report and any recent stress tests.