



J.L.Thomas & Company

A LIFEMARK PARTNER

The strength of many. The power of one.

CAD - New Therapeutic Devices - Ask "Rx" pert underwriter (ask our experts)

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client had had a coronary angioplasty, atherectomy, or coronary artery stent placed, please answer the following:

1. Please list date(s) and type of the coronary revascularization procedure:

2. Has your client had any of the following?

heart attack _____ (date)

bypass surgery _____ (date)

3. Is your client on any medication

yes, please give details _____

no

4. Has a follow-up stress (exercise) ECG been completed since the revascularization procedur

yes - normal _____ (date)

yes - abnormal _____ (date)

no

5. Has your client had any chest discomfort since the revascularization procedure?

yes, please give details _____

no

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

elevated cholesterol diabetes

overweight family history of heart disease

high blood pressure

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

Please submit a copy of the angiogram report and any recent stress tests.

After reading the Rx for Success on CAD-New Therapeutic Devices, please feel free to use this Ask "Rx" pert underwriter for an informal quote.