



J.L.Thomas & Company

A LIFEMARK PARTNER

The strength of many. The power of one.

Valvular Heart Surgery - Ask "Rx" pert underwriter (ask our experts)

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has had valve surgery, please answer the following questions and enclose the most recent echocardiogram.

1. When was the surgery completed? _____ (date)

2. Please note type of valve surgery:
Valve replacement Valvuloplasty
Commissurotomy Other _____

3. Please check the type(s) of Valve Disorder:
Aortic stenosis Mitral stenosis
Aortic insufficiency Mitral insufficiency
Mitral valve prolapse

4. Please note type of valve used if replaced:
prosthetic (mechanical) tissue (porcine, bovine, cadaver)

5. Have any of the following occurred?
chest pain yes no heart failure yes no
palpitations yes no dizziness/fainting yes no
trouble breathing yes no

6. Is there a history of any other heart disease in addition to the valve disorder (coronary artery disease, etc.)?
yes, please give details _____
no

7. Is your client on any medications?
yes, please give details _____
no

8. Has our client smoked cigarettes in the last 12 months?
yes
no

9. Does our client have any other major health problems (ex: cancer, etc.)?
yes, please give details _____
no