

Evaluation of Coronary Artery Disease - Ask "Rx" pert underwriter (ask our experts)

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has had a stress ECG, please list the date(s) _____

1. Was the stress ECG...

normal abnormal borderline

2. Was any other testing completed...

	normal	abnormal
thallium stress ECG	<input type="checkbox"/>	<input type="checkbox"/>
stress <i>echocardiogram</i>	<input type="checkbox"/>	<input type="checkbox"/>
coronary angiogram	<input type="checkbox"/>	<input type="checkbox"/>
UFCT/EBCT	<input type="checkbox"/>	<input type="checkbox"/>

3. Please check if your client has had any of the following:

history of chest pain		diabetes
elevated cholesterol		family history of heart disease
overweight		high blood pressure

4. Is your client on any medications?

yes, please give details _____
 no

5. Has your client smoked cigarettes in the last 12 months?

yes
 no

6. Has your client had any of the following:

* heart attack(s) _____ (dates)
* bypass surgery(ies) _____ (dates) _____ (# of vessels)
* angioplasty(ies) _____ (dates) _____ (# of vessels)

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

yes, please give details _____
 no

Please submit the actual tracings and results of all stress electrocardiograms and any further testing if done (thallium, echo, or angiogram).

After reading the Rx for Success on Evaluation of Coronary Artery Disease, please feel free to use this Ask "Rx" pert underwriter for an informal quote.

This material is intended for insurance informational purposes only and is not personal medical advice for clients.

This marketing material includes an expiration date and use of this material must be discontinued as of the expiration date.

FOR INTERNAL USE ONLY. NOT FOR USE WITH THE PUBLIC.