Underwriting Questionn Prostate Cancer	aire			HTTP: CTURTIEITING
Producer Name	Phone	Date _		90.
Client Name	Date of Birth			
Male Female Face Amount		Max Premium \$	/yr.	
□ Term □ Permanent Has the client ever use	ed any form of tob	pacco (cigarettes, cigars, pipe	e, snuff, etc.)? □Yes	□No
Frequency Da	te of last use		Туре	
Date of diagnosis Date of What stage was the cancer diagnosed (information sh T1a T2a T3a				
□T1b □T2b □T3b □T1c □T2c				
Any lymph nodes positive for cancer \Box Yes \Box No	lf yes,	how many		
Any metastasis (spread of cancer) to other areas of the	e body 🗌 Yes	No		
Gleason Score				
Date/results of last PSA test prior to treatment Date		Result		
Date/results of most recent PSA test Date	Result			
How has the cancer been treated Observation only Radiation therapy (seeds) Hormone therap		□Transurethral prostatector □Biological therapy	my (TURP)	
Any evidence of recurrence Yes No If yes, p	provide details belo	2W		

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has:



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