

**Coronary Artery Disease — Plaque Burden — Ask “Rx” -pert Underwriting  
(ask our experts)**

Producer \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Client \_\_\_\_\_ Age/DOB \_\_\_\_\_ Sex \_\_\_\_\_

If your client has had CAD, please answer the following:

1. Please list date(s) of the CAD diagnosis: \_\_\_\_\_

2. Has your client had any of the following?\*

Heart attack \_\_\_\_\_ (date)

Coronary angioplasty (PTCA) \_\_\_\_\_ (date)

Heart failure \_\_\_\_\_ (date)

CABG \_\_\_\_\_ (date)

Valve surgery \_\_\_\_\_ (date)

3. Is your client on any medications (including aspirin)?

Yes, please give details \_\_\_\_\_

No

4. Has a stress (exercise) ECG been completed?

Yes - normal \_\_\_\_\_ (date)

Yes - abnormal \_\_\_\_\_ (date)

No

5. Has your client had any chest discomfort since the treatment?\*

Yes, please give details \_\_\_\_\_

No

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

Abnormal lipid levels

Diabetes

Overweight

Elevated homocysteine

High blood pressure

Peripheral vascular disease

Irregular heart beats

Cerebrovascular or carotid disease

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

Yes

No

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

Yes, please give details \_\_\_\_\_

No

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

*After reading the Rx for Success on CAD-Plaque Burden, please feel free to use this Ask “Rx” -pert Underwriter for an informal quote.*

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