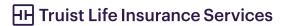
Underwriting Questionnaire Ovarian Cancer



Producer Name	Phone	Date		_
Client Name	Date of Birth		_	
☐ Male ☐ Female Face Amount	Max	Premium \$	/yr.	
☐ Term ☐ Permanent Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? ☐ Yes ☐ No				
Frequency Da	ate of last use		Type	
Date of first diagnosis Date of last treatment				
Exact name of the ovarian cancer				
What was the stage of the cancer diagnosed (this information should be contained in the pathology report)?				
If the cancer was graded, what grade was assigned? □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □				
How has the cancer been treated? Surgery, what was removed				
☐Radiation ☐Chemotherapy ☐Other		☐Hormone thera	ару	
Most current reading for the CA 125 marker Date of this reading				
Describe any recurrence or other cancer that may have occurred				
Name of Medication (prescription or otherwise)	Dates Used	Quanti	ty Taken	Frequency Taken
, , , , , , , , , , , , , , , , , , , ,		-	,	. ,

List any other major health problems the client has:

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