

Ask "Rx"pert Underwriter (Ask Our Expert)

After reading the Rx for Success on Barrett's Esophagus, use this form to Ask "Rx"pert Underwriter for an informal quote.

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has a history of Barrett's Esophagus, please answer the following:

Please list date of first diagnosis. _____

Has your client had any of the following treatments? (If yes, please note dates. If no, ignore)

Follow-up endoscopy(ies) (Date) _____ Surgery (Date) _____

Are any of the following present? (please provide pathology report)

Dysplasia, low grade (Y or N): _____

Dysplasia, high grade (Y or N): _____

Is your client on any medications? (If yes, please give details. If no, ignore)

Has your client smoked cigarettes in the last 12 months? (Y or N): _____

Does your client have any other major health problems (e.g., heart disease, etc.)? (If yes, please give details. If no, ignore)

