

Cervical Cancer Quote Request

Name _____ Sex M F Date of Birth _____

Height _____ Weight _____ Smoker? Y N State _____

Coverage Desired? _____ Amount _____ Plan Desired? _____

Have you ever been Rated or Declined for insurance? If YES Complete details please

When were you first told that you had Cervical Cancer? _____

How was the cancer treated? (Please circle all that apply)

Cone Surgery
Total Hysterectomy
Radiation Therapy
Chemotherapy

What stage was the cancer?

Stage 0 (in situ)
Stage II

Stage 1a
Stage III

Stage 1b
Stage IV

Please give date of any surgery? _____

Please give date Chemotherapy or Radiation Treatment was completed? _____

Is there any evidence of recurrence? Y N
If YES, Complete Details please _____

Please list all medications being taken: _____

Do you have any other major health problems? (example: Coronary Artery Disease, etc)?

Please also submit a copy of any Pathology Report - We must have to quote properly.

Broker Submitting Questionnaire: _____

Address _____

Phone: _____ FAX: _____ E-mail: _____

Please send completed form:

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