

Adrenal Insufficiency (including Addison's Disease)

- Ask "Rx" pert underwriter (*ask our experts*)

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has adrenal insufficiency or Addison's disease, please answer the following:

1. Please list date of diagnosis: _____
2. Is your client on any medications?
 yes, please give details _____
 no
3. Has your client ever been hospitalized for Addison's disease or secondary adrenal insufficiency?
 yes, please give details _____
 no
4. Has your client been prescribed steroids for any other illness?
 yes, please give details _____
 no
5. Has your client smoked cigarettes in the last 12 months?
 yes, please give details _____
 no
6. Does your client have any other major health problems (ex: cancer, etc.)?
 yes, please give details _____
 no

After reading the Rx for Success on Primary Adrenal Insufficiency including Addison's Disease, please feel free to use this Ask "Rx" pert underwriter for an informal quote.

This material is intended for insurance informational purposes only and is not personal medical advice for clients.

This marketing material includes an expiration date and use of this material must be discontinued as of the expiration date.

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