

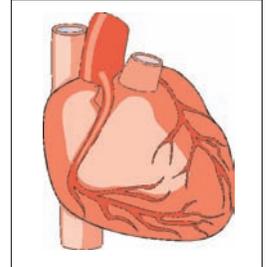


Angina

“Chest pain” is often a vague and nondescript symptom which can be caused from many conditions, such as: esophageal disease, hiatal hernia, peptic ulcer disease, pleurisy (inflammation of lining of the lung), chest wall muscle or ligament strains, anxiety disorders, pericarditis (inflammation of lining of the heart), and tumors.

Ischemic chest pain (angina) is usually associated with exertion, or it can be brought on by cold, eating, or emotional stress. It is caused by a lack of blood flow to the heart muscle. It can be relieved by rest, oxygen, or nitroglycerin. Angina is often described as a squeezing or crushing substernal pain radiating to the jaw, neck, shoulders or arms. The likelihood that the chest pain is angina is determined by the presence of well recognized cardiac risk factors such as: male sex, age over 40, smoker, family history of heart disease, diabetes, hypertension, and abnormal lipid profile such as an elevated cholesterol level.

There are many ways to evaluate angina:



- Resting EKG
- Stress EKG
- Thallium Stress Test
- MUGA Scan
- Stress Echo
- Ultrafast CT of the heart
- Angiogram (cardiac catheterization)

Please see Rx #5 - Exercise (Stress) Electrocardiograms, Rx #7 - Cardiac Catheterization, and Rx #23 - Evaluation of Coronary Artery Disease, for more information regarding these tests.

Underwriting Considerations for angina absent other significant impairment:

Angina diagnosed by positive stress test, or classical symptoms	Table C
Angina diagnosed by angiogram	Rated according to the severity of the CAD

To get an idea of how a client with Angina would be viewed in the underwriting process, 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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Your Success Matters.

{Name
Phone Number
E-mail Address
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**Angina - Ask "Rx" pert underwriter
(ask our experts)**

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has had Chest Pain or Angina, please answer the following:

1. Please list date when first occurred: _____

2. Is your client on any medications (including aspirin)?
 yes, please give details _____
 no

3. Has your client had any of the following tests? (please check all that apply)
 Resting EKG Stress Echocardiogram
 Thallium Stress EKG Ultrafast CT
 Angiography Muga Scan
 Stress EKG

4. Please check if your client has had any of the following:
 High Blood Pressure Family History of Heart Disease
 Diabetes Abnormal Lipid Levels
 Elevated Homocysteine

5. Please provide the client's most recent readings for:
 Heart Attack(s); please give dates _____
 Bypass Surgery(ies); please give dates _____
of vessels _____
 Angioplasty(ies); please give dates _____
of vessels _____

6. Has your client smoked cigarettes in the last 12 months?
 yes, please give details _____
 no

7. Does your client have any other major health problems (ex: cancer, etc.)?
 yes, please give details _____
 no

Please submit the actual tracings and results of all stress electrocardiograms and any further testing if done (thallium, echo, or angiogram).

After reading the Rx for Success on Angina, please feel free to use this Ask "Rx" pert underwriter for an informal quote.

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