

PROSTATE CANCER

Client's Name _____

If your client has had prostate cancer, please answer the following:
(the client may need to contact the physician's office for this information)

1. Please list date of diagnosis: _____
2. How was the cancer treated?
 - observation only
 - TURO (transurethral prostatectomy)
 - radical prostatectomy
 - radiation therapy
 - hormone therapy
3. Is your client on any medications?
 - yes, please give details _____
 - no
4. What stage was the cancer?
 - A1 A2
 - B1 B2
 - C D
5. What was the Gleason score?
 - 2-5
 - 6-10
6. Has there been any evidence of recurrence?
 - yes, please give details _____
 - no
7. Please give the date and result of the most recent PSA test: _____
8. Does your client have any other major health problems (example: heart disease, etc.)?
 - yes, please give details _____
 - no

Agents name:

Agents Tell #

Agent Fax #

Date Submitted:

Agents e-mail address:

PLEASE FAX TO BEST MARKETING AT 1-781 643-2775

