

TESTICULAR CANCER

Client's Name _____

If your client has had testicular 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 (check all that apply)?
 - surgery
 - chemotherapy
 - radiation therapy
3. Please list date treatment completed: _____
4. Is your client on any medications?
 - yes, please give details _____
 - no
5. What stage was the cancer?
 - Stage I
 - Stage II
 - Stage III
6. Has there been any evidence of recurrence?
 - yes, please give details _____
 - no
7. Please give date and result of most recent AFP or hCG test: _____
8. Has your client smoked cigarettes in the last 12 months?
 - yes, please give details: _____
 - no
9. 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