



Bone Cancer Questionnaire

Name: _____

Date of Birth: _____

Height: _____ Weight: _____

Sex: M/ F

Tobacco Usage: _____

Face Amount: _____

___Term 10 15 20 30 ___UL

1. When was the proposed insured diagnosed with bone cancer? _____

2. What type of bone cancer was diagnosed:

A. ___ Primary or ___ Secondary

B. ___ Osteosarcoma
___ Ewing's Sarcoma
___ Chondrosarcoma
___ Spindle cell Sarcoma
___ Malignant Fibrous Histiocytoma
___ Fibrosarcoma

3. Where was the bone cancer located? _____

4. What stage of bone cancer was diagnosed?

___ Stage IA ___ Stage IB ___ Stage IIA ___ Stage IIB ___ Stage 3 ___ Recurrent

5. How was the proposed insured treated?

Date: _____ Treatment: _____

Date: _____ Treatment: _____

Date: _____ Treatment: _____