

Primary Pulmonary Hypertension



Physician's Statement (Specialist only)

PLEASE PRINT

Name of patient: _____
Surname First Name Date of Birth (mm/dd/yy)

Address: _____
Number & Street City Province Postal Code

Telephone (_____) _____

1. What was the extent of the pulmonary arterial hypertension?

- a) Was there dyspnea and fatigue? Yes No
- b) Was there increase in left atrial pressure of at least 20 units or more? Yes No
- c) Was there pulmonary resistance of at least 3 units above normal? Yes No
- d) Was there pulmonary artery pressure of at least 40mmHg? Yes No
- e) Was there pulmonary wedge pressure of at least 6mmHg? Yes No
- f) Was there right ventricular end-diastolic pressure of at least 8mmHg? Yes No
- g) Was there right ventricular hypertrophy, dilation and signs of right heart failure and decompensation? Yes No

2. Was the patient able to engage in any physical activity without discomfort? Yes No

3. Are the symptoms present even at rest? Yes No

4. a) Was there permanent physical impairment of at least class IV of the NYHA classification of cardiac impairment? Yes No

b) If not, what is the NYHA classification for the current condition?

THE WAWANESA LIFE INSURANCE COMPANY

236 Carlton St, Winnipeg, Manitoba R3C 1P5

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wawanesalife.com

5. In your medical opinion what was the cause of the pulmonary arterial hypertension?

Please enclose copies of all reports including x-rays, ECGs, ultrasound, cardiac catheterization, laboratory tests, pulmonary function studies etc., and any relevant hospital reports that are available.

Name (Please print)	Degree
Street Address	City Province Postal Code
Area Code & Telephone Number	FAX number
Date (mm/dd/yy)	Signature _____ MD

This form is to be completed by a physician licensed in Canada whose practice is limited to the particular branch of medicine relating to the applicable critical illness. The INSURED is responsible for the completion of this form without expense to the Company.

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