

**BANKERS LIFE INSURANCE COMPANY
OF NEBRASKA**

LINCOLN, NEBRASKA

H. E. FLANSBURG, M.D.
Medical Director

Date March 15, 1940

Dr. Forest C. Allen
Address Lawrence, Kans.

My dear Doctor:

One of your patients, Frank J. Mertz Age 24
Residence Tilden, Nebr. Occupation High School Teacher
is applying to us for insurance and states that you treated him
about Nov. 1938 for Knee Injury.

Will you kindly complete the following questions and return this
blank in the enclosed stamped envelope.

1. What was your diagnosis and type of treatment prescribed?

2. Between what dates were your services required?

3. How long totally disabled?

4. Relative severity of attack and was recovery complete?

5. Have you attended him previously or since for any similar or
other ailment? If so, when and for what?

6. Is this applicant in good health now as far as you know?

7. Has this applicant had any form of special examination such as
X-Ray?

8. According to your knowledge, were any other physicians con-
sulted? If so, who, when, and for what?

Date

Signature

You are entirely justified in giving the above information, because every applicant for life insurance in the Bankers Life Insurance Company of Nebraska has signed the following statement: "I expressly waive, on behalf of myself and of any person who shall have or claim any interest in any policy issued hereunder, all legal limitations making information obtained by any physician or any other person who has attended me or examined me or may hereafter attend or examine me privileged communications and consent to the giving of full information by them or any of them."