Daniel L Schultz, MD
President
AP/CP/FP Board Certified Pathologist
28+ years autopsy/consult experience
6000+ career autopsies
Licensed in California, Florida, Georgia, Michigan, and Ohio

THE AUTOPSY Doctor™

American Academy of Forensic Sciences - Fellow
Florida Association of Medical Examiners - Member
National Association of Medical Examiners - Fellow

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Authorization for Case Review / Assistance

Payment for record review can be mailed or CC and must be received prior to the review. Address at bottom.

Name of Decedent: (print)	Male/Female Age: Race:
Birth Date:	Death Date:
Location of Death:	
Attorney Name (if applicable)	Phone:
Recent Hospitalization? Where:	City:
Doctor:	Phone: Records requested? Yes/No
Primary care physician name:	Phone:
Autopsy performed Where?	
By whom?	Contact info:
Was toxicology done? Y / N	X-rays? Y / N Samples retained and what?
May we speak to pathologist that performed first autopsy?	
Is loved one buried, cremated or being held in refrigeration?	
Medical History Overview:	

_____

_____

_____

_____

What are your questions/Concerns:

_____

_____

_____

_____

_____

_____

SIGNATURES

Authorizer's Printed Name: _____

Authorizer's Signature: _____Date : _____

Relation to the case being reviewed: _____

Cell: _____ Home: _____ Email:_____

Address for report: