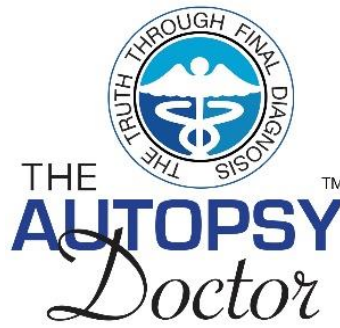


Daniel L Schultz, MD  
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 AP/CP/FP Board Certified Pathologist  
 28+ years autopsy/consult experience  
 6000+ career autopsies  
 Licensed in California, Florida, Georgia,  
 Michigan, and Ohio



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 Florida Association of Medical Examiners - Member  
 National Association of Medical Examiners - Fellow

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**Email: Mschultz@theautopsydoctor.com**  
 www.TheAutopsyDoctor.com

**Authorization for Brain Recovery**

Payment for recovery billed to requesting party. Storage fee of \$10/month for delayed shipments.

Name of Decedent: (print)	Male / Female	Race:	Weight:
Birth Date:	Age:	Date of Death	
Location of Death:			
Funeral Home Name:	Contact Person:		
Funeral Home Address:	Contact Phone:		
Study Name:	Phone:		
Contact person			
Stored/Shipped:			
Medical History:			
_____			
_____			
_____			
_____			
Specific Instructions: _____			
_____			
_____			
_____			
_____			
_____			
Has a Medical Examiner or Coroner been notified of death?: Yes / No			
Will decedent be embalmed after recovery?		Burial or cremation?	
<b>SIGNATURES</b>			
Next of Kin Printed Name: _____			
Next of Kin Signature: _____			Date : _____
(Circle: executor of estate, power of attorney, spouse, adult child, parent, sibling, _____)			
Cell: _____ Home: _____ Email: _____			
Billing Address:			