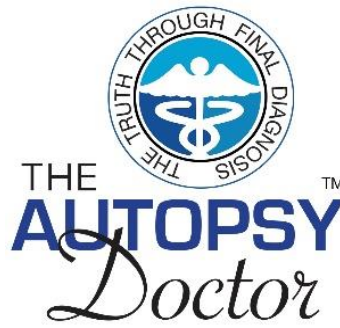


Daniel L Schultz, MD
 President
 AP/CP/FP Board Certified Pathologist
 28+ years autopsy/consult experience
 6000+ career autopsies
 Licensed in California, Florida, Georgia,
 Michigan, and Ohio



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

Phone: 727-639-1897
Fax: 813-830-7420
Email: Mschultz@theautopsydoctor.com
 www.TheAutopsyDoctor.com

Authorization for Mesothelioma Lung Study

Payment is made up front. Transportation fees are additional and will be billed later as a reimbursement.
Written report is usually complete within 60-90 days. Requires special stains.

Name of Decedent: (print)	Male/Female Race:	Weight: _____ approx. pounds
Birth Date:	Date of Death:	Age:
Location of Death:		
Name of Facility taken to:		Contact Person:
Facility Address:		Contact Phone:
Return to same facility? Yes / No If no, where are they being taken?		
Medical History:		

Type of work: _____		
Where was supposed exposure? _____		
Smoking history? _____		
Previous biopsies/surgeries? (where/when) _____		
Is quantitation or digestion of tissue fibers needed (discuss with lawyer/additional fees apply)? Yes / No		
Do you wish us to retain lungs for two years (storage/disposal fee applies)? Yes / No__		

Has/will a Medical Examiner or Coroner been notified of death?: Yes / No County: _____		
Will decedent be embalmed after recovery? Yes / No Burial or cremation? _____		
SIGNATURE		
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: _____		
Address for report:		

