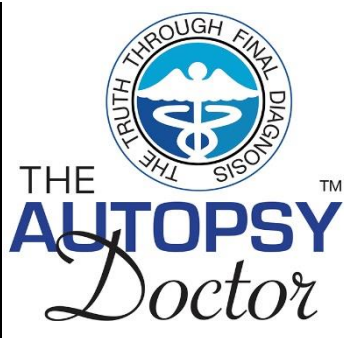


Daniel L Schultz, MD  
 President  
 AP/CP/FP Board Certified Pathologist  
 30+ years autopsy/consult experience  
 7000+ career autopsies  
 Licensed in California, Florida, Georgia,  
 Michigan, Ohio and Virginia



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: Finaldiagnosisinc@yahoo.com**  
 www.TheAutopsyDoctor.com

**Authorization for Medical Record Review**

Payment for record review collected up front by credit card or check. Mailing address at bottom.

Name of Decedent: (print)		Male/Female	Race:
Birth Date:	Date of Death:	Age:	Weight:
Location of Death:			
Attorney Name (if applicable)		Phone:	
Autopsy performed? Yes / No Where?		Pathologist:	
Permission to speak to pathologist: Yes / No Phone #:			
Disposition of decedent currently (Where?)			
Circumstances/ Timeline/Recent surgery/Hospitalization:			
Medications:			
Medical History Overview: (Other known conditions)			
What are your questions?:			
Records being sent for review: _____			

**SIGNATURES**

Authorizer's Printed Name: \_\_\_\_\_  
 Authorizer's Signature: \_\_\_\_\_ Date : \_\_\_\_\_  
 Relation to the records being reviewed: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address if written report requested(Additional hour required): \_\_\_\_\_