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

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 / Second Look

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:	Weight:	
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/Date?			
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 and where?			
Medical History Overview:			
What are your questions/Concerns:			

SIGNATURES
Authorizer's Printed Name: _____
Authorizer's Signature: _____Date : _____
Relation to the decedent being reviewed: _____
Cell: _____ Home: _____ Email:_____
Address for report: