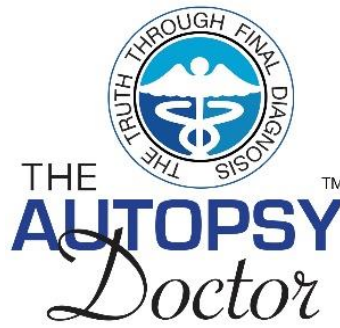


Daniel L Schultz, MD
 President
 AP/CP/FP Board Certified Pathologist
 30+ years autopsy/consult experience
 7000+ career autopsies
 Licensed in California, Florida, Georgia,
 Michigan, Ohio and Virginia



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

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 www.TheAutopsyDoctor.com

Authorization for Brain Neuro Study Only

Payment for recovery billed to requesting party. Travel or site costs to be paid by requesting party.

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:	
Known diagnosis/year:				
Specific questions/concerns:				
Medical History:				

Specific Instructions: _____				

Has a Medical Examiner or Coroner been notified of death?: Yes / No				
Covid-19 status: _____ Last test date and result: _____ Email to Mschultz@theautopsydoctor.com				
Will decedent be embalmed after recovery?			Burial or cremation?	
SIGNATURES				
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:				