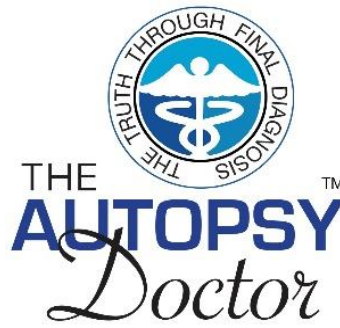


Daniel L Schultz, MD
 President
 AP/CP/FP Board Certified Pathologist
 30+ years autopsy/consult experience
 7000+ career autopsies
 Licensed in California, Florida, Georgia,
 Michigan, Ohio and Virginia



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

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 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: Contact person			Phone:	
Stored/Shipped:				
Medical History: _____ _____ _____ _____				
Specific Instructions: _____ _____ _____ _____ _____				
Has a Medical Examiner or Coroner been notified of death?: Yes / No				
Covid-19 status: _____ Last test date/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:				