



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

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: _____ Weight: _____ pounds
Age: _____

Birth Date: _____ Date of Death: _____ 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 AND FINANCIAL RESPONSIBILITY (If second person financially responsible, include too.)

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): _____ Billing address: _____