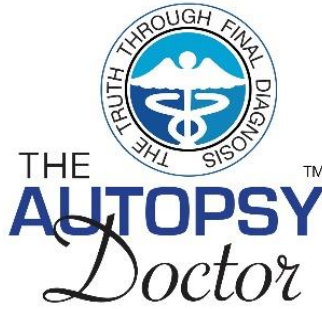


Daniel L Schultz, MD
 President
 AP/CP/FP Board Certified Pathologist
 30+ years autopsy/consult experience
 7000+ career autopsies
 Licensed in California, Florida, Georgia,
 Michigan, Ohio and Virginia



American Academy of Forensic Sciences - Fellow
 Florida Association of Medical Examiners - Member
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Authorization for Private Autopsy Examination

Payment for autopsy service is paid up front including an estimated transport fee as a reimbursement. Special studies such as toxicology, radiology, neuropathology consult, etc., if applicable/ necessary (discussed in advance), will be separately billed. Verbal preliminary discussion within 24 hours. Final report will usually be completed in 120 days, emailed and mailed. 10% monthly late fees after 30 days on unpaid balances.

Info of Decedent: (print) Male/Female Race: _____ * Weight over 275#'s? Y / N (*\$500)		
Name: _____		Age: _____
Date of birth: _____	Date of death: _____	Location of death: _____
Funeral Home Name: _____		Contact Person: _____
Address: _____		Phone: _____
Attorney Name (if applicable) _____		Phone: _____
Recent Hospitalization? Name: _____	Phone: _____	
Address: _____		
Primary care physician name: _____		Phone: _____
May also speak to: _____	Relation: _____	Phone: _____
Medical History: _____ _____ _____ _____		
Terminal event or how were they found: _____ _____		
Specific concerns: _____ _____		
Medications: _____		
COVID history? POS: ___/___/___ NEG: ___/___/___ Vaccinated: Y / N Dates: ___/___/___ & ___/___/___		
*Toxicology concerns: Y / N What? _____ Autopsy restrictions: _____		
*Blood and fluids retained for tox are held for 2 years. Contact us prior to expiration and pay \$50/year to hold longer.		
Has a Medical Examiner/Coroner been notified? Yes / No / Don't know County: _____		
Already embalmed? YES / NO / WILL BE Viewing after autopsy? Y / N Burial or cremation?		
SIGNATURES AND FINANCIAL RESPONSIBILITY (If second person financially responsible, include too.)		
Next of Kin Printed Name: _____		
Next of Kin Signature: _____		Date : _____
(Circle One: power of attorney, executor of estate, spouse, adult child, parent, sibling, _____)		
Cell: _____ Home: _____ Email: _____		
Address for final report and billing: _____ _____		