



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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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

Authorization for Consult

Payment for record review collected up front by credit card. Fee is \$700 hour and you will be charged for estimate of time needed to accomplish **Objective**. Credit of up to 1400 applied toward autopsy to follow.

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 / Not yet Where?		Pathologist:	
Permission to speak to pathologist: Yes / No		Phone:	
Disposition of decedent currently (Where?)			
Doctor recently seen:		Phone:	
Permission to speak to: Yes / No			
Who else are we contacting:			
Circumstances/ Timeline/Recent surgery/Hospitalization:			

Medications:			
Medical History Overview: (Other known conditions)			

Objective? (What answer are we seeking in this consult?):			

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:	