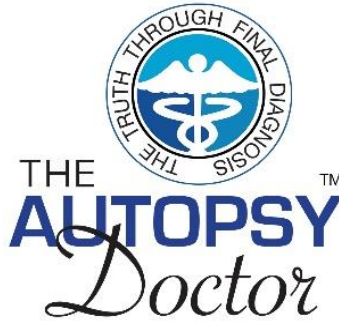


Daniel L. Schultz, MD
 President
 AP/CP/FP Board Certified Pathologist
 30+ years autopsy/consult experience
 7000+ career autopsies
 Licensed in California, Florida, Georgia,
 Michigan, Ohio and Virginia



American Academy of Forensic Sciences - Fellow
 Florida Association of Medical Examiners - Member
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Authorization for Private Second 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 call usually within 24 hours. Final report usually completed in 120 days, emailed and mailed. 10% monthly late fees after 30 days on unpaid balances.

Info of Decedent: Male / Female (circle) Weight _____ lbs (250lbs is \$250, 275 lbs is \$500, each 25 lbs is +\$125)		
Name:	Age:	Race:
Date of Birth:	Date of death:	Location of death:
Funeral Home Name:	Contact Person:	
Address:	Phone:	
Embalmed and/or refrigerated: _____		
Attorney Name (if applicable)	Phone:	
Recent Hospitalization? Name:	Phone:	
Address: _____		
Covid vaccine: ___/___/___ & ___/___/___	Booster:	Last covid test: POS/NEG Date ___/___/___
Medical History: Smoking Y / N ___#yr Quit ___yr Drinking: No / Social / Heavy ___# per week Type: _____		

Questions/concerns: _____		

Medications: _____		
Where was first autopsy/date?	By who?	Phone:
Tox done: Yes / No X-rays: Yes / No Samples retained: _____		
Its important that our forensic pathologist speaks to the original pathologist, do you agree? Yes / No		
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: _____
May also speak to: _____		Phone: _____ Relation: _____
Address for final report and billing: _____		