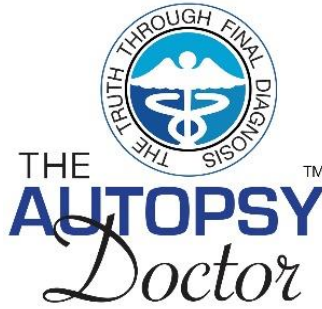


Daniel L Schultz, MD
 President
 AP/CP/FP Board Certified Pathologist
 30+ years autopsy/consult experience
 7000+ career autopsies
 Licensed in California, Florida, Georgia,
 Michigan, Ohio and Virginia



American Academy of Forensic Sciences - Fellow
 Florida Association of Medical Examiners - Member
 National Association of Medical Examiners - Fellow

Phone: 727-639-1897
Fax: 813-830-7420
Email: Mschultz@theautopsydoctor.com
 www.TheAutopsyDoctor.com

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 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: _____	
Attorney Name (if applicable) _____	Phone: _____	
Recent Hospitalization? Name: _____	Phone: _____	
Address: _____		
Primary care physician name: _____	Phone: _____	
May also speak to: _____	Relation: _____	Phone: _____
Medical History: Smoking Y / N ___#yr Quit ___yr Drinking: No / Social / Heavy ___# per week Type: _____		

Terminal event / 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?		
Can we retain the BRAIN if the pathologist determines it is necessary? Circle Y / N & Initial: _____		
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: _____		
