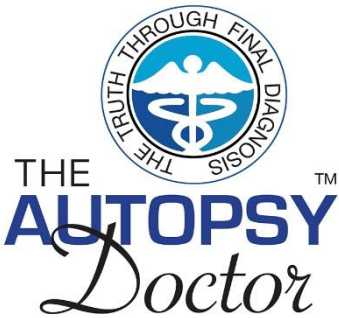


Daniel L Schultz, MD
 President
 AP/CP/FP Board Certified Pathologist
 30+ years autopsy/consult experience
 7000+ career autopsies
 Licensed in California, Florida, Georgia,
 Michigan, Ohio and Virginia



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: Finaldiagnosisinc@yahoo.com
 www.TheAutopsyDoctor.com

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: _____	