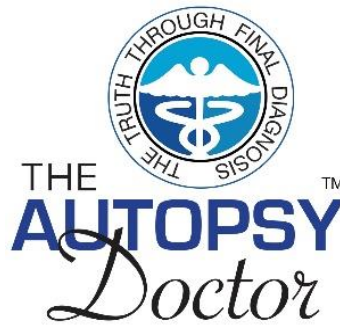


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**Authorization for Brain Neuro Study Only**

Payment for recovery paid upfront by requesting party by credit card, direct BOA deposit or Zelle. Travel or site costs to be paid by requesting party. Special stains may be necessary for full workup and pricing will be shared in advance for additional charges. Report is usually completed within 90 days. Brain must be retained.

Info of Decedent: (print)    Male / Female    Race: _____    Weight: _____ pounds	
Name: _____    Age: _____	
Date of Birth: _____	Date of Death: _____    Location of death: _____
Funeral Home Name: _____	Contact Person: _____
Address: _____	Contact Phone: _____
Known diagnosis/year: _____	
Neurologist: _____	Phone: _____
Primary Dr.: _____	Phone: _____
Medical History: _____ _____ _____ _____	
Specific Instructions: _____ _____ _____ _____	
Has a Medical Examiner or Coroner been notified of death?:    Yes / No	
<b>Covid-19 status:</b> Date: _____    Vaccinated: _____    Email to Mschultz@theautopsydoctor.com	
Will decedent be embalmed after recovery?    Burial or cremation?	
<b>SIGNATURES AND FINANCIAL RESPONSIBILITY (If second person financially responsible, include too.)</b>	
Next of Kin Printed Name: _____	
Next of Kin Signature: _____    Date : _____	
<b>(Circle:</b> executor of estate, power of attorney, spouse, adult child, parent, sibling, _____)	
May also speak to: _____    Relation: _____    Phone: _____	
Cell: _____    Home: _____    Email: _____	
Address for report and billing: _____	