Dr. Schultz, MD - President

501 S. Falkenburg Rd, Unit E-20
Tampa, FL 33619

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

Authorization for Teaching / Training / Publishing

During the autopsy on _____, Date of birth _____
(decedent)

I, _____, give permission to Dr. Daniel Schultz, MD at
(next of kin)
Final Diagnosis, Inc. to (initial all that apply):

____ (initial) Have residents present at the autopsy for the purpose of teaching. Dr. Schultz does all of the autopsy himself and the residents are there for observation and learning. Everything is handled in a very respectful manner and the information is all confidential.

____ (initial) Have students shadowing. Forensic pathology is a highly underserved field and by getting the interest of medical and pre-med students early on, Dr. Schultz hopes to encourage more to take this path. All students have been screened prior to acceptance into our facility. Dr. Schultz is very passionate about what he does and he likes to encourage the new generation to consider pathology. Confidentiality applies.

____(initial) Use photos and/or video from the autopsy in lectures, teaching, research papers and/or publications. All identifying information is removed. Everything is very respectful. Dr. Schultz would be happy to discuss and explain. He is very passionate about teaching and enjoys the opportunity to share interesting and rare findings with others in his field.

Thank you for your consideration. Your loved one can help others in any and all of these ways.

Sign: _____ _____

*Authorized next of kin/ healthcare surrogate, power of attorney Date

You can rescind your authorization at any time in writing. Any prior work already completed will remain, but no further use will be utilized.