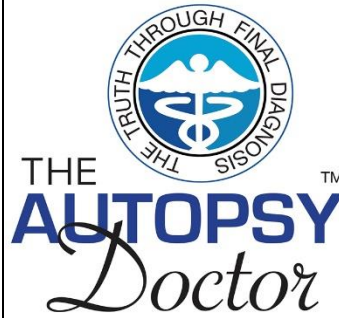


Daniel L. Schultz, MD
 President
 AP/CP/FP Board Certified Pathologist
 30+ years autopsy/consult experience
 7000+ career autopsies
 Licensed in California, Florida, Georgia,
 Michigan, and Ohio



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 Medical Record Review

Payment for record review collected up front by credit card or check. Mailing address at bottom.

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 Where? _____		Pathologist: _____	
Permission to speak to pathologist: Yes / No Phone #: _____			
Disposition of decedent currently (Where?) _____			
Circumstances/ Timeline/Recent surgery/Hospitalization: _____ _____ _____ _____ _____ _____			
Medications: _____			
Medical History Overview: (Other known conditions) _____ _____			
What are your questions?: _____ _____ _____			
Records being sent for review: _____ _____			

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: _____

501 South Falkenburg Road, Unit E-20 Tampa, FL 33619

Phone 727-639-1897 / Fax 813-830-7420