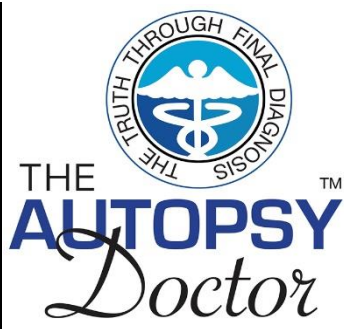


Daniel L Schultz, MD
 President
 AP/CP/FP Board Certified Pathologist
 30+ years autopsy/consult experience
 7000+ career autopsies
 Licensed in California, Florida, Georgia,
 Michigan, Ohio and Virginia



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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 time required): _____ Billing address: _____