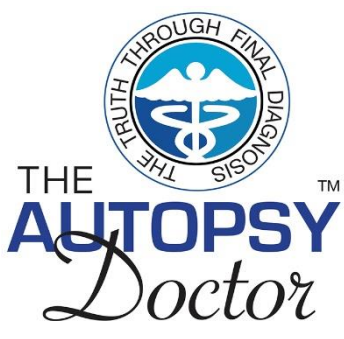


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 7000+ career autopsies  
 Licensed in California, Florida, Georgia,  
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**Authorization for Forensic Case Review**

Fees discussed collected up front by credit card, check, e-check or Zelle. Mailing address at bottom. Necessary time is estimated based on records submitted but could require additional time.

Info of Decedent: (print) Male / Female Race: _____		Weight: _____ pounds
Name: _____		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: _____ _____ _____ _____ _____ _____ _____		
What are your questions?: _____ _____ _____ _____ _____		
Records being sent for review: _____ _____ _____		
Need reviewed by (Usually within 2 weeks of payment unless rush is needed): _____		
<b>*MAY also speak to:</b> _____	Relation: _____	Phone: _____

*If review and discussion is under 3 hours, reimbursed via check, minus cc fees, in 15 min increments.*  
**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: \_\_\_\_\_