



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 _____

I, _____, give permission to Dr. Daniel Schultz, MD at

Final Diagnosis, Inc. to (initial all that apply):

____ (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

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.