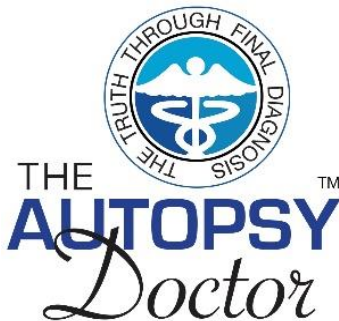


Daniel L. Schultz, MD
President
 AP/CP/FP Board Certified Pathologist
 32+ years autopsy/consult experience
 7000+ career autopsies

Licensed in Florida, California, Georgia,
 Michigan, and Ohio



American Academy of Forensic Sciences - Fellow
 Florida Association of Medical Examiners - Member
 National Association of Medical Examiners - Fellow

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Authorization for Private Second Autopsy Examination

Autopsy service is paid up front including an *estimated* transport fee as a reimbursement. Special studies such as toxicology, radiology, neuropathology, excessive record review greater than 2 hours; will be separately billed. Verbal preliminary call (30 min) *usually* within 1 day. Final report depends on receipt of all records. No further updates until report complete. Includes 1 hour total discussions.

| | | |
|---|----------------------|---|
| Info of Decedent: Male / Female Ht: ____ Wt: ____ = BMI ____ (35 is \$250, 40 is \$500, 45 is 750, each 5 is +\$250) | | |
| Name: _____ | | Age: _____ Race: _____ |
| Date of Birth: _____ | Date of death: _____ | Location of death: _____ |
| Funeral Home Name: _____ | | Contact Person: _____ |
| Address: _____ | | Phone: _____ |
| Embalmed and/or refrigerated: _____ | | |
| Attorney Name (if applicable) _____ | | Phone: _____ |
| Recent Hospitalization? Name: _____ | | Phone: _____ |
| Address: _____ | | |
| Covid vaccine: ___/___/___ & ___/___/___ Booster: _____ | | Last covid test: POS/NEG Date ___/___/___ |
| Smoking ever: Y / N ___#day Quit ___ yr Drinking ever: Y / N ___# per week Type: _____ | | |
| Any elicited drug history: _____ | | |
| Medical History: _____ | | |
| _____ | | |
| Questions/concerns: _____ | | |
| _____ | | |
| Medications: _____ | | |
| Where was first autopsy/date? _____ | By who? _____ | Phone: _____ |
| Tox done: Yes / No X-rays: Yes / No Samples retained: _____ | | |
| It is critical that we have an opportunity to speak to the original pathologist. Will you allow this? Yes / No | | |
| SIGNATURES AND FINANCIAL RESPONSIBILITY (If <i>second person financially responsible</i>, include too.) | | |
| Next of Kin Printed Name: _____ | | |
| Next of Kin Signature: _____ | | Date : _____ |
| (Circle One: power of attorney, executor of estate, spouse, adult child, parent, sibling, _____) | | |
| Cell: _____ | Home: _____ | Email: _____ |
| May also speak to: _____ | | Phone: _____ Relation: _____ |
| Address for final report and billing: _____ | | |
| 10% monthly late fees after 30 days on unpaid balances. | | |