

**Daniel L Schultz, MD**

**President**

AP/CP/FP Board Certified Pathologist

33+ years autopsy/consult experience

7000+ career autopsies

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



THE  
**AUTOPSY**  
Doctor

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

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**Authorization for Case or Autopsy Review / Second Look**

Payment for record review can be credit card, check or Zelle and received prior to the review. Address at bottom. Necessary time is estimated based on records submitted but could require additional time.

Info of Decedent: (print) Male / Female Ht: \_\_\_\_ Wt: \_\_\_\_ = BMI \_\_\_\_ ( 35 is \$250, 40 is \$500, 45 is 750, each 5 is +\$250)

**Name:**

**Age:**

**Race:**

**Birth Date:**

**Death Date:**

**Location of Death:**

**Attorney Name (if applicable)**

**Phone:**

**Recent Hospitalization? Where:**

**City:**

**Doctor:**

**Phone:**

**Records requested? Yes/No**

**Primary care physician name:**

**Phone:**

**Autopsy performed Where?**

**Date?**

**By whom?**

**Contact info:**

**Was toxicology done? Y / N X-rays? Y / N Samples retained and what?**

**It's important that our forensic pathologist speaks to the original pathologist, do you agree? Yes / No**

**Is loved one buried, cremated or being held in refrigeration and where?**

**Embalmed? Y / N**

**Medical History Overview: Smoking ever? Y / N Alcohol / Drug abuse ever? Y / N Explain: \_\_\_\_\_**

**What are your questions/concerns: \_\_\_\_\_**

**Items being submitted for review: (Electronic files preferred) \_\_\_\_\_**

**\*Need review by (Normally done within 2 weeks of payment unless rush is needed):**

*If review and discussion is under time paid for, 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 decedent being reviewed: \_\_\_\_\_**

**Cell: \_\_\_\_\_ Home/Work: \_\_\_\_\_ Email: \_\_\_\_\_**

**Address if written report requested (Additional time required): Billing address:**