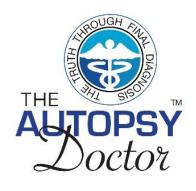
Daniel L Schultz, MD President

AP/CP/FP Board Certified Pathologist 33+ years autopsy/consult experience 7000+ career autopsies Licensed in California, Florida, Georgia, Michigan, and Ohio



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Authorization for Brain Recovery

Payment for recovery paid by requesting party. Storage fee of \$10/month for delayed shipments.

Decedent: (print) Male / Female Race: Name:	Weight: Age:
Birth Date: / / Date/Time of Death :/ : Hrs Location of death:	
Funeral Home Name: Address:	Contact Person: Contact Phone:
Study Name: Contact person	Phone:
Stored/Shipped:	
Medical History:	
Specific Instructions:	
Has a Medical Examiner or Coroner been notified of death?: Yes / No Covid-19 status: Pos / Neg (Circle one) Date of test// Vaccinated for Covid: Yes / No Decedent: Is embalmedWill be embalmed after recovery Burial or Cremation (circle one)	
SIGNATURES AND FINANCIAL RESPONSIBILIT Next of Kin Printed Name:	Y (Include payee if different than authorizer) Payee:
Sign and date:	/ Payee: X
(Circle: Executor of estate, health care surrogate, spouse, adult child, parent, sibling,) Cell: Email:	
	rtion: Phone:
Payee billing address:	