

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

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Florida Association of Medical Examiners - Member
National Association of Medical Examiners - Fellow

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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) Name:	Male / Female	Race:	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 ____/____/____	
Decedent: ____ Is embalmed ____ Will be embalmed after recovery		Vaccinated for Covid: Yes / No Burial or Cremation (circle one)	
SIGNATURES AND FINANCIAL RESPONSIBILITY <i>(Include payee if different than authorizer)</i>			
Next of Kin Printed Name: _____		Payee: _____	
Sign and date: _____ / ____ / ____		Payee: X _____	
(Circle: Executor of estate, health care surrogate, spouse, adult child, parent, sibling, _____)			
Cell: _____ Home: _____		Email: _____	
May also speak to: _____		Relation: _____ Phone: _____	
Payee billing address: _____ _____ _____			