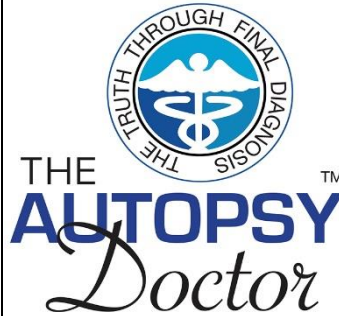


**Daniel L Schultz, MD**  
**President**

AP/CP/FP Board Certified Pathologist  
33+ years autopsy/consult experience  
7000+ career autopsies

Licensed in California, Florida, Georgia,  
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**Authorization for Consult**

Payment for record review collected up front by credit card (4%), ACH or Zelle. You will be charged for estimated time needed to accomplish **\*Objective**. Credit of up to 2 hours applied toward autopsy to follow. Minimum time is 1 hour for verbal, 2 for report. Authorizer and payee can get results and speak to us.

Decedent: (print) Male / Female	Race: _____	Weight: _____ Pounds _____ Ht _____
Name	Age: _____	(BMI calculated: _____ 35+ extra \$)
Birth Date: _____	Date of Death: _____	Location of Death: _____
Attorney Name (if applicable) _____		Phone: _____
Autopsy performed? Yes / No / Not yet Where? _____		Pathologist: _____
Permission to speak to pathologist: Yes / No _____		Phone: _____
Disposition of decedent currently. Stored? Y / N Where: _____		
Cremated? Y / N Buried? Y / N Embalmed: Y / N _____		
Doctor recently seen: _____		Phone: _____
Permission to speak to: Yes / No _____		
Who else are we contacting: _____		
Circumstances/ Timeline/Recent surgery/Hospitalization: _____ _____ _____ _____ _____		
Medications: _____		
Medical History Overview: (Other known conditions) _____ _____ _____		
May also speak to: _____ Phone: _____ Relation: _____		
<b>*Objective?</b> (What answer are we seeking in this consult?): _____ _____ _____		
<b>SIGNATURES AND FINANCIAL RESPONSIBILITY</b> (Include payee if different than authorizer)		
Next of Kin Printed Name: _____		Payee: _____
Sign and date: _____ / ____ / ____		Payee: X _____
Relation to the records being reviewed: _____		
Cell: _____ Home: _____ Email: _____		
<b>Payee billing address:</b> _____ _____ _____		
10% charged monthly for unpaid invoices on completed work.		