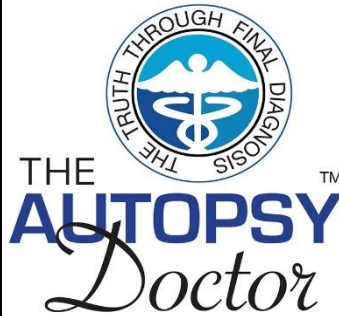


**Daniel L Schultz, MD
President**

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 Forensic Case Review

Fees discussed collected up front by credit card (4%), check, ACH, BOA counter deposit or Zelle. Mailing address at bottom. Necessary time is estimated based on records submitted but could require additional time.

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: _____	Date of Death: _____	Location of Death: _____
Attorney Name (if applicable): _____		Phone: _____
Autopsy performed? Yes / No Where? _____		Pathologist: _____
Permission to speak to pathologist: Yes / No Phone #: _____		
Disposition of decedent currently (Where?) _____		
Circumstances/ Timeline: _____ _____ _____ _____ _____ _____		
What are your questions?: _____ _____ _____ _____ _____		
Records being sent for review: _____ _____ _____		
Need reviewed by (Usually within 2 weeks of payment unless rush is needed): _____		
*MAY also speak to: _____		Relation: _____ Phone: _____
SIGNATURES AND FINANCIAL RESPONSIBILITY (Include payee if different than authorizer)		
Authorizer Printed Name: _____		Payee: _____
Sign and date: _____ / ____ / ____		Payee: X _____
**Relation to the records being reviewed: _____		
Cell: _____	Home: _____	Other: _____
Email (If report paid for): _____		
Payee billing address: _____		

10% monthly late fees after 30 days on unpaid balances on completed work.

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