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AP/CP/FP Board Certified Pathologist
33+ years autopsy/consult experience
7000+ career autopsies
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THE TRUTH THROUGH FINAL DIAGNOSIS
THE AUTOPSY Doctor™

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Authorization for Medical Record Review

Payment for record review collected up front by credit card (4%)/check/ACH transfer/Zelle. Mailing address at bottom. Minimum of 1 hour for review, minimum 2 hour with report. A written report will be emailed as a pdf.

Name of Decedent: (print) Male / Female Ht: ____ Wt: ____ (If known)
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. Stored: Y / N Where:
Buried: Y / N Embalmed: Y / N Cremated: Y / N

Circumstances/ Timeline/Recent surgery/Hospitalization:

_____
_____
_____
_____

Medications:

Medical History Overview: (Other known conditions)

_____
_____
_____

What are your questions?:

_____
_____

Records being sent for review/Please request: _____
_____

SIGNATURES *AND* FINANCIAL PARTY (Usually done within 2 weeks unless rush has been discussed)
Authorizer's Printed Name: _____
Authorizer's Signature: _____ Date : _____
Relation to the records being reviewed: _____
Cell: _____ Home: _____ Other: _____
Email for written report (if requested & paid for): _____
Billing address:
10% charged monthly on unpaid invoices for completed work.