



THE
AUTOPSYTM
Doctor

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Authorization for Collecting Samples and Submission for Toxicology

Payment of \$2000 for sample acquisition/testing must be received prior to the samples being collected. Includes travel up to an hour and shipping. Storage fees after 2 years @ \$50/year. Basic panel included, other tests at additional costs. Tox **must** accompany an autopsy by a pathologist. Final Diagnosis Inc. HAS DECIDED NOT TO CARRY MEDICAL MALPRACTICE INSURANCE. This notice is provided pursuant to Florida law. See "Procedures" for full statement.

Info of Decedent: (print)	Male/Female	Race: _____	Weight: ____ pounds
Name:			Age: _____
Birth Date:	Date of death:	Location of death: _____	
Funeral Home Name:		Contact Person:	
Address:		Phone: _____	
Physician performing the autopsy:		Contact Phone: _____	
Recent Hospitalization?	Name: _____	City: _____	
Primary care physician name:		Phone: _____	
Toxicology Concerns? What are you looking for? _____			

Medical History:			

Medications: _____			

Has a Medical Examiner or Coroner been notified of death?: Yes / No County: _____			
SIGNATURES AND FINANCIAL RESPONSIBILITY		<i>(Include payee if different than authorizer)</i>	
Next of Kin Printed Name: _____		Payee: _____	
Sign and date: _____ / ____ / ____		Payee: X _____	
(CIRCLE: order of priority = Executor of estate, health care surrogate, spouse, adult child, parent, sibling, ...)			
Cell: _____		Home: _____	
		Email: _____	
Payee billing address:			