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AUTHORIZATION FOR AUTOPSY

Section 1.

Name of Deceased: _____

Date of Birth: _____ Date of Death: _____

Location of Death: _____

Section 2.

The following people, in the order listed below, are authorized to give permission for an autopsy. I am the deceased's:

- Healthcare agent and the healthcare power of attorney
- Spouse
- Adult child or stepchild
- Parent or stepparent
- Adult brother or sister
- Guardian
- Relative who accepts responsibility for disposing of the body
- Any other person obligated to dispose of the body

Section 3.

I authorize Autopsy PC to remove and examine organs, tissues, fluids, and devices from the body. This is to determine the cause/manner of death, collect evidence and/or establish a photographic record of findings. I give permission for Autopsy PC to retain and to dispose of body parts. The body or parts will not be released to any entity other than a licensed medical professional or a licensed funeral home. I also understand that I can limit which body parts are removed, examined or kept. If I decide to limit the autopsy, it may make it harder, or even impossible, to determine why the deceased died. I understand that sometimes the cause/manner of death cannot be determined even though an autopsy was performed. I hereby specify that the autopsy examination will be:

- Complete examination of the head, chest, abdomen, pelvis and extremities
- Examination limited to the _____ (head; chest; abdomen; etc.) only
- Other restrictions or special instructions _____

Section 4.

_____ I further authorize the release of information to Autopsy PC regarding any treatment the deceased may have received from any hospital or medical provider.

Name and location of decedent's physician _____
Site(s) of hospitalization _____

Section 5.

Please enter below the name, address and phone number of the funeral home and the name of the funeral director assisting you: _____

Section 6.

_____ I understand that preliminary findings will be available within 7 days of the procedure and the final report will take at least 8 weeks, depending on the complexity of the case. Second opinion autopsies cannot be completed until the first autopsy is finished and reviewed. I understand that the autopsy may not support preconceived opinions concerning the cause and manner of death, may not demonstrate findings in support of malpractice or a lawsuit and I agree not to hold Autopsy PC responsible.

Section 7.

_____ I understand that the best way to communicate with Autopsy PC is via email (dr.hall.autopsypc@gmail.com). Phone or text messages may not be answered in a timely manner.

Section 8.

_____ I understand that the body will not be retrieved or transported until payment is made in full.

Section 9.

_____ I understand that deposition, court testimony or discussion with attorney(s) will result in additional charges.

Section 10.

_____ I am at least 18 years old. I acknowledge that I have read this document, understand the content of this form, have had the opportunity to ask questions, all my questions have been answered to my satisfaction, and that all requested information has been completed. I sign this form voluntarily.

Signature of Next of Kin/Power of Attorney: _____

Print Name: _____

Date: _____ Time: _____

Phone number: _____ Email: _____

Mailing address: _____

Witness: _____