



# Consent to Consultation

I hereby authorize ForensicDx pathologist to perform a forensic autopsy consultation on \_\_\_\_\_, my \_\_\_\_\_ (state relationship),

**Decedent's Date of Birth:** \_\_\_\_\_ **Date of Death:** \_\_\_\_\_ **Time of Death:** \_\_\_\_\_

*I certify that I am at least 18 years of age, and that I know of no closer kin.*

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**WITNESS:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

### AUTHORIZATION BY- Please Check One

- \_\_\_\_\_ Legal Guardian
- \_\_\_\_\_ Spouse
- \_\_\_\_\_ Adult Children
- \_\_\_\_\_ Adult Grandchildren
- \_\_\_\_\_ Parents
- \_\_\_\_\_ Adult Sister/Brother
- \_\_\_\_\_ Adult Niece/Nephew
- \_\_\_\_\_ Grandparent
- \_\_\_\_\_ Uncle or Aunt
- \_\_\_\_\_ Cousin
- \_\_\_\_\_ Stepchildren
- \_\_\_\_\_ Relatives or next of kin of patient's deceased spouse
- \_\_\_\_\_ Friend of patient
- \_\_\_\_\_ Attorney

<b>CONTACT INFORMATION</b> (Please Print)
<b>Name</b> _____
<b>Address</b> _____
_____
<b>Phone</b> _____

I am the legal next of kin (please check box)

**Charges: Initial** \_\_\_\_\_ I understand I am responsible for the consultation fee which includes:

- Medical Record Review
- Autopsy Report Review
- Autopsy Photo Review
- Written Consultation Report from Forensic Pathologist
- Up to 2 Hours of Material Review and Report Writing

\*All additional services pertaining to the consultation will be billed per the consultation fee schedule but not without prior notification and approval from the legal next of kin

\*Consultation Report will be released once the invoice is paid in full.