



Consent to Legal Consultation

I hereby authorize ForensicDx pathologist to perform a forensic consultation for _____
(name of institution), in regards to _____ (case file name),

Patient/Decedent Full Name: _____ **Date of Birth:** _____
Date of Death: _____ **Time of Death:** _____ (if applicable)

I certify that I am the legal authority over the case listed above and authorizing consultation.

SIGNED: _____ **DATE:** _____

WITNESS: _____ **DATE:** _____

INSTITUTION INFORMATION (Please Print)

Institution Name _____

Primary Contact _____

Address _____

Phone _____ **Fax** _____

Email _____

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 requesting authority.

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