

**TO BE COMPLETED BY DOCTOR OBTAINING PERMISSION**

The following information is for the APPROPRIATE ADMITTING OFFICE and the PATHOLOGIST. This form must be filled out COMPLETELY at the time of death and then taken to the APPROPRIATE ADMITTING OFFICE.

Name of patient: \_\_\_\_\_

Date of death: \_\_\_\_\_ Time of death: \_\_\_\_\_

Body to be ready by: \_\_\_\_\_ A.M. / P.M. \_\_\_\_\_  
(Time) (Date)

**\* Doctors to be called when post-mortem begins:**

Full Name: \_\_\_\_\_ Where reached: telephone extension, page outside office, etc.

_____	_____
_____	_____
_____	_____
_____	_____

CLINICAL DIAGNOSIS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE INDICATE SPECIAL PROBLEMS YOU WOULD LIKE INVESTIGATED BY PATHOLOGIST**

\_\_\_\_\_

**ANY HISTORY OF INJURY OR OTHER CIRCUMSTANCES OF MEDICO-LEGAL SIGNIFICANCE**

\_\_\_\_\_  
\_\_\_\_\_

If so, Medical Examiner's disposition of case: \_\_\_\_\_

\_\_\_\_\_

NAME OF MEDICAL EXAMINER CONSULTED: \_\_\_\_\_

CASE #: \_\_\_\_\_