

**MEDICAL RECORD**

**AUTHORIZATION FOR AUTOPSY**

In the event authorization for autopsy is obtained by letter, telegram, voice recorded or monitored telephone call, paragraphs 1, 2, and 3 shall be completed by medical facility authorities and the letter, telegram, voice recording or memorandum confirming telephone call of authorization attached to this form for permanent file.

1. 

NAME AND LOCATION OF MEDICAL FACILITY	DATE AND TIME

2. I (We) request and authorize the physicians in attendance at the above named medical facility to perform a complete autopsy on the remains of \_\_\_\_\_

I (We) understand that a complete autopsy may include, but not limited to, examination of the head, eyes, spinal cord, chest, abdomen and extremities unless excluded under restrictions hereinunder, and I (We) authorize the removal and retention or use for diagnostic, scientific, or therapeutic purposes any parts, tissues, or organs as such physicians or their designees may deem proper, and the final disposal thereof in such manner as may be prescribed by competent authority (Commanding Officer, Medical Director, etc.) in this facility.

This authority is granted subject to the following restrictions: \_\_\_\_\_

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

(If No Restrictions, Write "None")

The following special examinations are requested: \_\_\_\_\_

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

3. I (We) represent that I am (we are) the \_\_\_\_\_

(Relationship/Authority)

of the deceased and entitled by law to control the disposition of the remains.

WITNESS (medical facility staff members): Signed \_\_\_\_\_

Signed \_\_\_\_\_

Signed \_\_\_\_\_  
 (Name and Title)

Signed \_\_\_\_\_  
 (Name and Title)

**FOR ADMINISTRATIVE USE ONLY**

Case falls within jurisdiction of Medical Examiner/Coroner.....  Yes  No  
 Medical Examiner/Coroner released remains from his jurisdiction to this authority.....  Yes  No

SIGNATURE	TITLE	DATE
PATIENT IDENTIFICATION <i>(For typed or written entries, give: Name-last, first, middle;</i>	REGISTER NO.	WARD NO.

*grade;  
 date;  
 hospital  
 or  
 medical*