

**PRIVATE AUTOPSY SERVICES  
BRIEF HISTORY**

**Decedent's Name** \_\_\_\_\_ **Date** \_\_\_\_\_

Please provide a brief history if you have not already done so:

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If ongoing issues, how long? \_\_\_\_\_ days \_\_\_\_\_ weeks \_\_\_\_\_ months \_\_\_\_\_ years

**REASON FOR AUTOPSY:**

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Name of **Hospital(s)**: \_\_\_\_\_

Name of **Primary Care Physician** \_\_\_\_\_

**History of recent surgery?** Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

If yes, please indicate the type of surgery:

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Were there any complications: Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please explain:

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Toxicology: Yes \_\_\_\_\_ No \_\_\_\_\_ Price: \$800 additional