

PRIVATE AUTOPSY SERVICES

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Jose V. SuarezHoyos, M.D.

AUTOPSY INFORMATION

Name of Decedent _____

Estimated Weight _____ Medical Examiner notified? ____ Contact _____

Date of death _____ Date of birth _____ Age _____

Place of death _____ Embalmed? _____

Name of Hospital (recent visits) _____

Primary Care Physician _____

COVID tests recent Y or N Date _____ Positive or negative _____

Vaccine Date(s) given _____ Type of vaccine _____

Next of Kin's name _____ Relationship _____

Address _____

Phone/Cell _____ Email _____

Name of Funeral Home: _____

Contact person(s): _____ Address: _____

Phone _____ Fax _____ Email _____

Prep center name, address & Phone _____

Attorney / Name of firm: _____ Contact person _____

Address _____

FOR OFFICE USE ONLY

Autopsy # _____ Date scheduled _____ Time _____

Set fee _____ Toxicology _____