Rexene Worrell M.D.

Forensic Pathologist

Las Vegas Autopsy Service

702-682-7777

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Las Vegas, NV 89110
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CONSENT FORM

I _____, _____ of
(name) (relationship)

_____ hereby request that an autopsy
(deceased)
be performed on the deceased. I give my consent and authorization as the legal next of kin to the decedent. With this authorization I agree to the procurement of any tissue, body fluids, photographs and other procedures necessary for a complete examination in order to determine the cause of death. This includes evaluation of the brain.

I also give my consent and authorization as the legal next of kin to the release of copies of all medical records for _____
(deceased)
to Dr. Worrell including but not limited to discharge summary, progress notes, laboratory results and imaging results (EEG, CT, MRI, x-rays), previous autopsy reports, Coroner Investigative reports, toxicology results, autopsy reports and histology slides.

Dated this_____day of_____

x_____
(signature)

X_____
(witness)

FAX BACK TO
702- 543-4013

Please provide address and contact information below. The final report will be mailed to this address.

_____ _____
(name) (phone)

_____ _____
(street) (email)

_____
(city, state,zip code)