



**Las Vegas
Autopsy Service**
702-376-7287

PO Box 92041
Henderson, NV
89009

lvautopsy@gmail.com

Las Vegas Autopsy Service

Forensic Pathologist

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 Las Vegas Autopsy Service 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)

<p>EMAIL TO lvautopsy@gmail.com</p>
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Please provide address and contact information below. The final report will be mailed to this address.

(name)

(phone)

(street)

(email)

(city, state, zip code)