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Deceased _____ Date(today's date) _____ Time _____
I, _____ being the surviving (specify relationship)
_____ entitled by
law to control the disposition of the remains of _____ who died
on the _____ day of _____ hereby authorize a post mortem examination of the
decedent, by Dr. Michael Ilescu, including removal and retention of such specimens and tissues,
as the examining physician deems proper for diagnostic, scientific, or other purposes. Dr. Ilescu
is a licensed physician in the state of Arizona. His practice is limited to pathology and forensic
pathology.

1) The autopsy will be limited to the examination of the: No limitations
The autopsy will be performed at _____ Funeral Home.
I want the autopsy report to be sent to the following address:

NAME:
ADDRESS:

Phone #

2) The prices quoted are based on cash transactions only, cash, check, or money order. An additional service charge of 3% percent will be charged for all credit card charges. Payment is due at the time of the examination.

3) Autopsy & Forensic Services, Inc., its agents and/or representatives limit of liability shall not exceed the amount of services rendered, not including merchandise, third party charges like immuno stains and other pathology related charges for any and all claims, awards, disputes or judgments that could arise out of performing the autopsy services, including claims for emotional or mental anguish. This condition is placed on all services provided as part of the autopsy

examination, and shall not be waived except in writing.

4) Autopsy & Forensic Services, Inc. shall only perform histopathological examination of the tissues removed during the autopsy. Toxicology studies and metabolic panels will only be performed upon family's request for an additional fee.

5) The time needed for completion of the autopsy report is between 60-100 days from the day of the examination. In rare cases, when immunopathological stains are performed by an outside laboratory, the time frame for the completion can be extended up to 120 days.

6) If the decision for the autopsy examination has changed, and Dr. Iliescu already spent more than 30 minutes for the review of the medical records and discussions with the family, a consultation charge will be issued. Dr. Iliescu charges \$295/h for medical consultation.

Having made arrangements for autopsy examination of _____

I/We have read, **Item # 3** understand and accept the conditions of service as outlined herein.

I or We do hereby state that we have the legal authority to arrange for the autopsy services here in and shall hold harmless Autopsy & Forensic Services Inc. and its employee's and agents from any and all liability.

Date

Signature