



Human Services Dept
MEDICAL EXAMINER'S OFFICE
5301 SW 31 Avenue • Fort Lauderdale, Florida 33312 • 954-327.6500 • FAX 954-327 6581

AUTOPSY REPORT REQUEST

NAME OF DECEASED

M.E. CASE NUMBER

DATE OF DEATH

DOCTOR'S NAME

PLEASE SEND A COPY OF THE FOLLOWING REPORT(S):

AUTOPSY: _____ TOXICOLOGY: _____ NARRATIVE SUMMARY: _____ BODY DIAGRAM: _____

TO:

NAME

ADDRESS

CITY

STATE

ZIP CODE

(ASSOCIATION OF PARTY REQUESTING (FAMILY, POLICE, ETC...))

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DATE OF REQUEST

DATE MAILED / REPLIED TO