AUTOPSY FORM

Autopsy Form completed by: 10/4/2005 Date: 07/12/2005

Patient's Name (Initials):	Patient's MRN:	Patient's Date of Birth:	Date Patient Expired:
M.P.G.	2931208	12/20/1990	05/23/2005

Patient's Team:	Patient's Room #:	Pronouncer's Name:	Pronounced Dead at: Date / Time
C	404	Anthony Baker	5/26/2005 / 2:21 AM

Medicine Resident Team Members

Hasan Connor	Tokiko Calyx	Richard Antimony	

Was patient's death expected? ___ YES X NO

Was ACLS performed? ___ YES X NO

DIAGNOSIS(ES): Patient found deceased in the back seat of a completely burnt car. Ruptures in the diaphragm. Nothing else could be gleaned. DPE estimated

Was family available at time of death? ___ YES X NO

Was autopsy discussed with family? X YES ___ NO

If autopsy discussed, **was autopsy authorized**? X YES ___ NO

If YES, date autopsy authorized: 07/29/2005

If autopsy **not discussed** or **not authorized** why not?

Was death discussed with **FACULTY**? X YES ___ NO

FACULTY NAME: Michelle Stearns *(Please Print)*

FACULTY SIGNATURE: M. S. Signature

NOTE: Residents, please return this form to Residency Program Administrator.

AUTOPSY REPORT

(FOR OFFICE USE ONLY)

Date Autopsy Report Requested: 07/13/2005

Date Autopsy Report Received: 10/12/2005

Findings of Autopsy Report discussed with: Carmen Gutierrez *Please Print* ___ *Please Print* ___ *Please Print*

Findings of Autopsy Report discussed by: Charles Kulick *Print Attending Name* Charles K. Signature *Attending Signature* Date:

PLEASE RETURN THIS FORM COMPLETED BY: Signature

Revised: 11/2/04