Office of Broward County Medical Examiner and Trauma Services
5301 S.W. 31 Avenue • Fort Lauderdale, Florida 33312-6619 • 954-357-5200 • Records FAX 954-327-6581 • TTY 954-357-6100

AUTOPSY REPORT REQUEST

NAME OF DECEASED

MEDICAL EXAMINER CASE NUMBER (if known)

DATE OF DEATH

MEDICAL EXAMINER'S NAME (if known)

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

AUTOPSY: ☐

NARRATIVE SUMMARY: ☐

TOXICOLOGY: ☐

BODY DIAGRAM: ☐

TO:

NAME

ADDRESS UNIT

CITY STATE ZIP CODE

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

DATE OF REQUEST

DATE MAILED / REPLIED TO