

UAMS



COLLEGE OF MEDICINE
DEPARTMENT OF PATHOLOGY

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

Department of Pathology
4301 West Markham Street, SLOT 517
Little Rock, AR 72205

Outside Autopsy

PAYMENT AUTHORIZATION FOR AUTOPSY
UAMS WILL BILL YOUR FACILITY

Date:

Time:

Submitter/Hospital Requesting: _____

Authorizing Physician Name: _____

Billing Address: _____

City, State & Zip code: _____

Email address: _____

Telephone #: _____

Name of Deceased: _____

DOB: _____ Time of Death: _____ @ _____

_____ \$5,000.00 Full Body

_____ \$2,500.00 Single Organ: _____

Requestor Print: _____

Requestor Sign: _____