

THE TEXAS A&M UNIVERSITY SCHOOL OF MEDICINE
NEUROSCIENCE & EXPERIMENTAL THERAPEUTICS
WILLED BODY PROGRAM

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PHYSICIAN'S FORM

***This Form should not be returned to College of Medicine
This form should be given to your personal physician, if you so desire.***

Physician's name: _____

Physician's address: _____

TO MY PHYSICIAN:

I have arranged through The Texas A&M University System Health Science Center's School of Medicine for the legal donation of my body for medical use. In the event of my death or impending death, this is your authority to furnish the attending physician any information pertaining to my medical history in order to fulfill my wishes in this respect.

Signed: _____

Date: _____

You should give this form to your physician as a part of your medical record.