

Date _____ - _____ - _____

Total Time Spent: _____

Permission To Embalm: Yes No

Treatment to proceed on basis of:

____ signed authorization ____ oral authorization

____ statutory 3-hr attempt to secure

Name & location where embalming procedure was performed: _____

____ orders from _____

Deceased _____ Mortuary _____

Age c. _____ yrs. Race _____ Sex: male female Weight c. _____ lbs. Height c. _____ ft. _____ in.

Date of death _____ Time _____: _____ am pm Time of removal _____: _____ am pm Date: _____ - _____ - _____

PRE-EMBALMING OBSERVATIONS

Operation before death? No Yes Type/Area _____

Autopsy performed? No Yes Complete Torso/Trunk Cranial Before embalming After embalming

Viscera: Retained Received

Time between death and treatment: c. _____ hrs. Time between receipt of remains and treatment: c. _____ hrs.

Body: Warm Cold Refrigerated: Duration c. _____ hrs. Thawed//Out of Refrigeration c. _____ hrs.

Rigor mortis: Yes _____ No _____

Abdominal distension: No Yes Slight Moderate Intense Liquid Gas

Purge before embalming: No Yes Type: _____

Edema: Abdomen Thorax R. Leg L. Leg R. Arm L. Arm Face Degree _____

Discolorations: Lividity Stain _____ in; _____

Lesions: _____

Comments: _____

EMBALMING PROCEDURE

Arteries Injected:

Cm. Carotid R-L _____ Iliac R-L _____

Subclavian R-L _____ Femoral R-L _____

Axillary R-L _____ Radial R-L _____

Brachial R-L _____ Dorsalis pedis R-L _____

Others _____

Veins Drained:

Internal Jugular R-L _____

Axillary R-L _____

Iliac R-L _____

Femoral R-L _____

Others _____

Disinfection: (Check Appropriate Areas)

Eyes _____ Other body orifices _____

Mouth _____ Nose _____

Body orifices packed _____

Remains bathed with antiseptic soap _____

Condition of: Arteries: _____ Veins: _____

Injection:

pre-injection (co-injection) 1st _____ gal.

arterial concentrate _____ (%) or (Index) 1st _____ oz.

arterial concentrate _____ (%) or (Index) 1st _____ oz.

fluid modifier _____ 1st _____ oz.

humectant _____ 1st _____ oz.

other _____ 1st _____ oz.

2nd _____ gal.

2nd _____ oz.

2nd _____ oz.

2nd _____ oz.

2nd _____ oz.

2nd _____ oz.

3rd _____ gal.

3rd _____ oz.

3rd _____ oz.

3rd _____ oz.

3rd _____ oz.

3rd _____ oz.

Injection Method: Continuous Alternate

Drainage: Intermittent Continuous

Quality of Drainage _____ Quality: Heavy clots Medium Light None

Cavity Treatment:

Cavity fluid _____ (%) Quantity used _____ oz. Method: Gravity Motorized Delayed Immediate

Autopsied cases: Viscera immersed Preservative powder used Additional treatment: _____

Other: Direct Topical Hypodermic Treatment(Check Appropriate Areas): Arms Torso Face Legs Neck

Distribution Exceptions _____

Additional Treatment _____

Condition of Body at Completion (include comments on conditions noted above) _____

Posing Features

Mouth Closure : Suture Needle Injection Natural Dentures Cotton Other _____

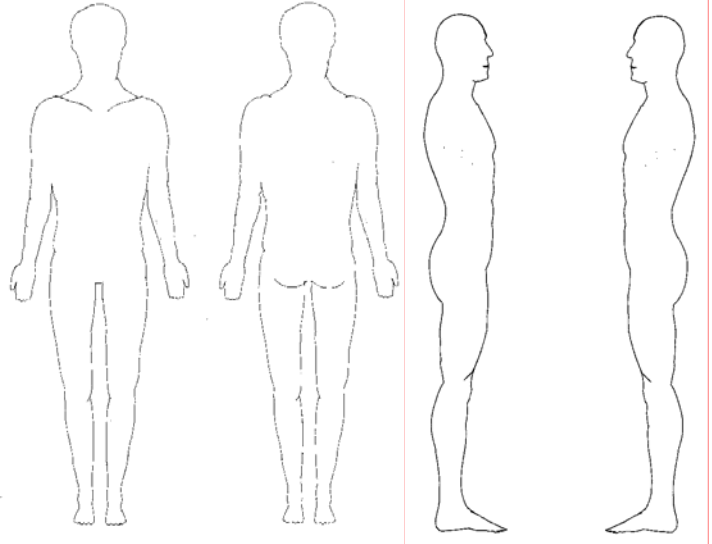
Eye Closure Cotton Eye Caps Natural Other _____

IDENTIFICATION AND TREATMENT REFERENCE

Indicate on chart all identifying scars, incisions, lesions and special body characteristics.

Description of items marked on chart:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____



Date and Time Case Report Completed: _____

_____ License No. _____

Embalmer

_____ Provisional License No. _____

Student or Provisional Licensee

E. g. "housekeeping" post-embalming checklist (re-aspirated, dressed, etc.)