

EMBALMING REPORT

Case No. _____ Date _____

Time Started _____ Time Completed _____

Total Time Spent _____

Permission to Embalm: Yes No

Treatment to proceed on basis of:

____ Signed authorization ____ oral authorization

Deceased _____ Residence _____

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

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

Place of death _____ Cause of death _____

Contributory _____ Duration _____

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 autopsy: _____ hrs. Time between receipt of remains and treatment: _____ hrs.

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

Rigor mortis: Yes _____ No _____

Abdominal distension: No Yes Slight Moderate Intense Liquid Gas

Purge before embalming: No Yes Type: _____

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

Discolorations: Lividity Stain _____ in; _____

Lesions: _____

Time between death and embalming _____ Weather Conditions _____

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 _____ oz. 2nd _____ oz. 3rd _____ oz. 4th _____ oz. 5th _____ oz.
arterial concentrate (%) or (Index) 1st _____ oz. 2nd _____ oz. 3rd _____ oz. 4th _____ oz. 5th _____ oz.
fluid modifier 1st _____ oz. 2nd _____ oz. 3rd _____ oz. 4th _____ oz. 5th _____ oz.
humectant 1st _____ oz. 2nd _____ oz. 3rd _____ oz. 4th _____ oz. 5th _____ oz.
other 1st _____ oz. 2nd _____ oz. 3rd _____ oz. 4th _____ oz. 5th _____ 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

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

Distribution Exceptions _____

Additional Treatment _____

Condition of Body at Completion of embalming _____ On second day _____ Time of Service _____

Posing Features

Mouth Closure: Suture Needle Injection Natural Dentures Cotton Other _____

Eye Closure Cotton Eye Caps Natural Other _____

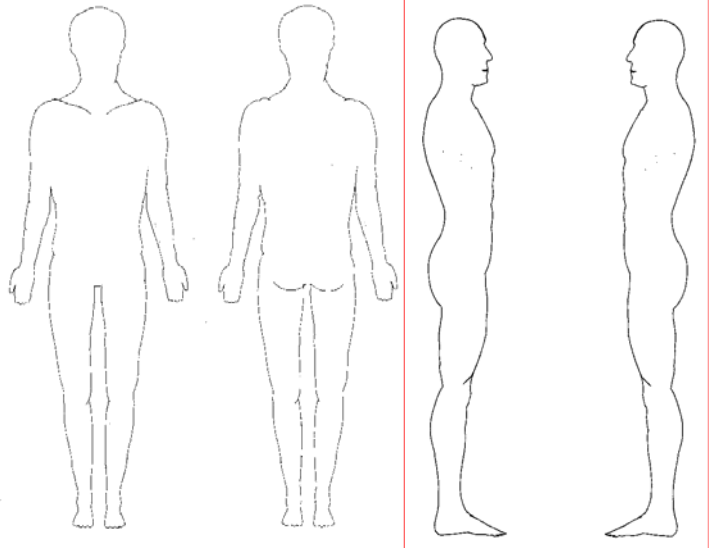
Additional Remarks _____

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. _____



Name & Location where embalming was performed: _____

Date and Time Case Report Completed: _____

Embalmer Signature _____ License No. _____

Resident Intern Signature _____ License No. _____