

Embalming Report

EMBALMER

Signature:

Print name:

License #

I certify that I have embalmed the body referred to on this report.

DECEASED IDENTIFICATION

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PERMISSIONS

Embalm: Written Oral

EMBALMING DATE

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START TIME

	AM
	PM

END TIME

	AM
	PM

VITAL STATISTICS

<input type="checkbox"/> Male <input type="checkbox"/> Female	Height:	Weight:	Appearance: <input type="checkbox"/> Clean <input type="checkbox"/> Unclean
Date of Death:		Place of Death:	
Cause of Death:			
Contributing Factors / Communicable Diseases:			

PRE-EMBALMING ANALYSIS

Refrigeration prior to embalming: <input type="checkbox"/> Yes <input type="checkbox"/> No	Putrefaction <input type="checkbox"/> Upper Left Quad <input type="checkbox"/> Upper Right Quad <input type="checkbox"/> Lower Left Quad <input type="checkbox"/> Lower Right Quad	Tissue Condition <input type="checkbox"/> Normal <input type="checkbox"/> Dehydrated <input type="checkbox"/> Edematous	Post Mortem Lividity <input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Moderate <input type="checkbox"/> Problematic	Rigor Mortis <input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Moderate <input type="checkbox"/> Problematic	Abdomen <input type="checkbox"/> Emaciated <input type="checkbox"/> Normal <input type="checkbox"/> Gaseous Distension <input type="checkbox"/> Liquid Distension
Duration:					
Purge: <input type="checkbox"/> None					
<input type="checkbox"/> Blood <input type="checkbox"/> Frothy <input type="checkbox"/> Clear <input type="checkbox"/> Stomach					

Notes:

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PREPARATION & EMBALMING

Primary Body Disinfection: <input type="checkbox"/> Clean <input type="checkbox"/> Bathe <input type="checkbox"/> Disinfect <input type="checkbox"/> Shave	SETTING OF FEATURES Eye Closure: <input type="checkbox"/> Eye Caps <input type="checkbox"/> Glue <input type="checkbox"/> Other Mouth: Teeth: <input type="checkbox"/> Upper <input type="checkbox"/> Dentures <input type="checkbox"/> Mouth Former <input type="checkbox"/> Other Closure: <input type="checkbox"/> Needle Injector Suture: <input type="checkbox"/> Submandibular <input type="checkbox"/> Musculature <input type="checkbox"/> Other
Autopsied Body: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	
Flaps & Torso: <input type="checkbox"/> Hypo-Injected <input type="checkbox"/> Superficial Application	
Viscera: <input type="checkbox"/> Dry Packed <input type="checkbox"/> Bagged <input type="checkbox"/> Submersion	

ADDITIONAL TREATMENTS

INJECTION AND DRAINAGE POINTS

(R = right; L = left)

Order	Injection		Drainage	
	Common carotid artery	R L	Jugular vein	R L
	Femoral artery	R L	Femoral vein	R L
	Subclavian artery	R L	Subclavian vein	R L
	Axillary artery	R L	Axillary vein	R L
	Common iliac artery	R L	Common iliac vein	R L
	Brachial artery	R L	Brachial vein	R L

Notes:

Injection and Drainage Methods

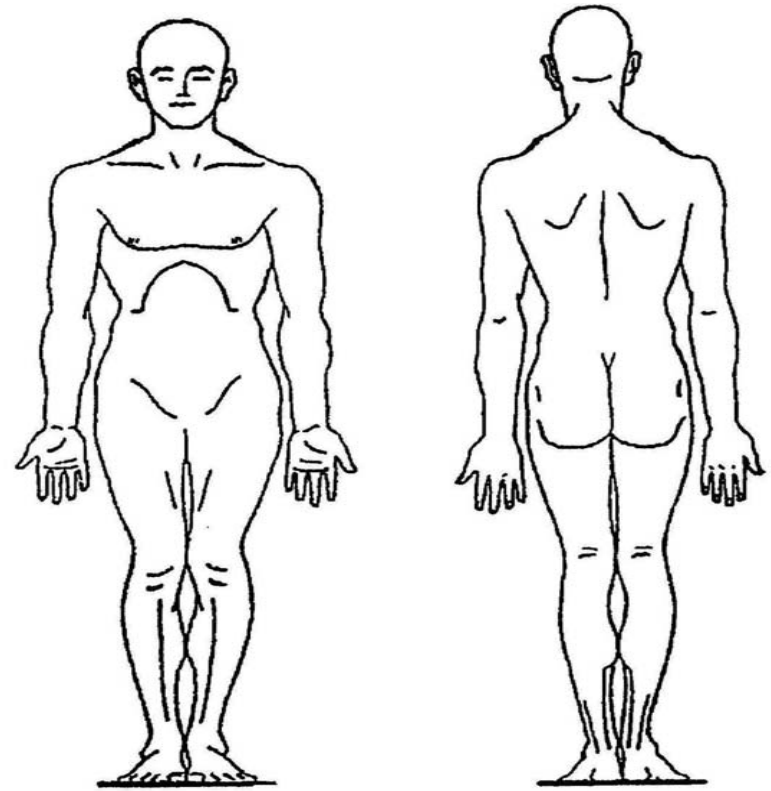
Injection	Drainage	Aspiration
<input type="checkbox"/> Continuous	<input type="checkbox"/> Continuous	<input type="checkbox"/> Immediate <input type="checkbox"/> Delayed
<input type="checkbox"/> Alternate	<input type="checkbox"/> Alternate	Cavity Injection
<input type="checkbox"/> Intermittent	<input type="checkbox"/> Intermittent	<input type="checkbox"/> Thoracic <input type="checkbox"/> Abdominal
<input type="checkbox"/> Delayed	<input type="checkbox"/> Delayed	Fluid Name:
<input type="checkbox"/> Pulsate		Volume Injected: oz mL

FLUIDS

(circle oz or mL)

Arterial	Pre-Injection
Name:	Name:
Fluid vol: oz mL	Fluid vol: oz mL
Name:	Name:
Fluid vol: oz mL	Fluid vol: oz mL
Co-Injection	Other Chemical Agents Used
Name:	Name/vol: oz mL
Fluid vol: oz mL	Name/vol: oz mL
Other:	Other:
Explanation:	
TOTAL VOL INJECTED: gal L	
Cosmetic Application	<input type="checkbox"/> None <input type="checkbox"/> Massage Cream only
<input type="checkbox"/> Traditional application <input type="checkbox"/> Air brush <input type="checkbox"/> Other	

PROBLEMATIC CIRCUMSTANCES AND TREATMENTS



Indicate areas of interest:

A		E	
B		F	
C		G	
D		H	

PERSONAL BELONGINGS

NOTES
