

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) \_\_\_\_\_ 1<sup>st</sup> \_\_\_\_\_ gal.

arterial concentrate \_\_\_\_\_ (%) or (Index) 1<sup>st</sup> \_\_\_\_\_ oz.

arterial concentrate \_\_\_\_\_ (%) or (Index) 1<sup>st</sup> \_\_\_\_\_ oz.

fluid modifier \_\_\_\_\_ 1<sup>st</sup> \_\_\_\_\_ oz.

humectant \_\_\_\_\_ 1<sup>st</sup> \_\_\_\_\_ oz.

other \_\_\_\_\_ 1<sup>st</sup> \_\_\_\_\_ oz.

2<sup>nd</sup> \_\_\_\_\_ gal.

2<sup>nd</sup> \_\_\_\_\_ oz.

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2<sup>nd</sup> \_\_\_\_\_ oz.

2<sup>nd</sup> \_\_\_\_\_ oz.

3<sup>rd</sup> \_\_\_\_\_ gal.

3<sup>rd</sup> \_\_\_\_\_ oz.

3<sup>rd</sup> \_\_\_\_\_ oz.

3<sup>rd</sup> \_\_\_\_\_ oz.

3<sup>rd</sup> \_\_\_\_\_ oz.

3<sup>rd</sup> \_\_\_\_\_ 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 \_\_\_\_\_

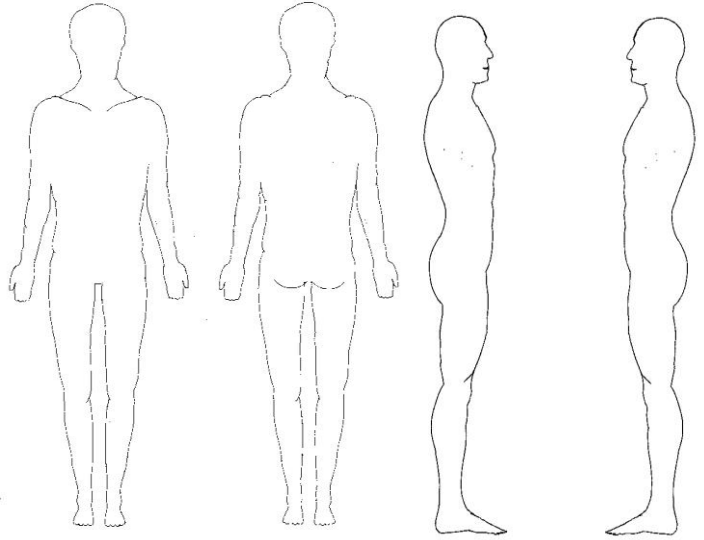
**Eye Closure**  Cotton  Eye Caps  Natural  Other

**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

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