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: **Veins Drained:**   **Disinfection:** (Check Appropriate Areas)

Cm. Carotid R-L   ___ Iliac   R-L ___   Internal Jugular   R-L   Eyes _____   Other body orifices _____
Subclavian   R-L   Femoral   R-L ___   Axillary   R-L   Mouth _____   Nose _____
Axillary   R-L   Radial   R-L ___   _____Iliac   R-L   Body orifices packed _____
Brachial   R-L   Dorsalis pedis R-L ___   Femoral   R-L   Remains bathed with antiseptic soap _____
Others _____   Others_____
Condition of: Arteries: _____ Veins: _____

Injection:
pre-injection (co-injection)   1st _____gal.   2nd _____gal.   3rd _____gal.
arterial concentrate _____ (%) or(Index) 1st _____oz   2nd _____oz.   3rd _____oz.
arterial concentrate _____ (%) or (Index) 1st _____oz.   2nd _____oz.   3rd _____oz.
fluid modifier_____   1st _____oz.   2nd _____oz.   3rd _____oz.
humectant _____   1st _____oz   2nd _____oz.   3rd _____oz.
other_____   1st _____oz.   2nd _____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 _____
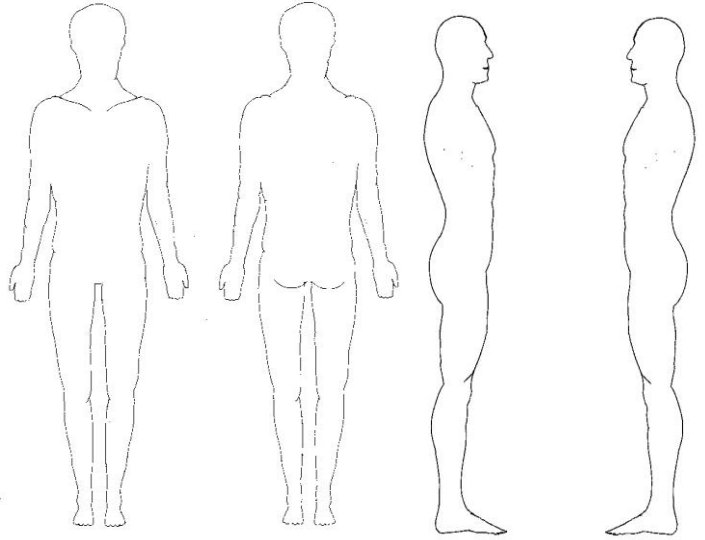
Eye Closure   ☐ Cotton   ☐ Eye Caps ☐ Natural   ☐ Other

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.)