

EMBALMING REPORT

CASE NO: _____

Decedent Personal Information

Name: _____ Date of Death: ____/____/____
 Cause of Death: (If known): _____
 Personal Effects: No ____ Yes ____; Description: _____

 Did Dentures accompany body at time of embalming: Yes ____ No ____ N/A ____

Condition of Body prior to Embalming: (Circle all that apply)

TRAUMA EMACIATED EDEMA PURGE DEHYDRATION STOMACH DISTENTION TISSUE GAS
 SKIN SLIP JAUNDICE RIGOR MORTIS I.V. LEAKAGE SWELLING INCISIONS MEDICAL TUBES

Explain above conditions and effected areas: _____

Scars, Tattoos, Markings: _____
 Other Comments: _____

Embalming / Preparation Procedures:

- Check List:**
 (If Applicable)
- Eye Caps
 - Close Inner Canthus
 - Clean Fingernails
 - Trim Fingernails
 - Trim Nose Hair
 - Trim Eye Brow
 - Trim Ear Hair
 - Disinfect Eyes
 - Disinfect Nose
 - Disinfect Mouth
 - Disinfect Ears
 - Shampoo Hair
 - Antiseptic Bath
 - Pack Orifices
 - Glue Incisions
 - Glue I.V. Holes
 - Sever Trachea & Esophagus
 - Massage Cream/Spray

Vessels used to Inject

Carotid....R L Subclavian.....R L Brachial....R L
 Axillary...R L Iliac.....R L Radial.....R L
 Femoral...R L Ulnar.....R L

Vessels used to Drain

Jugular.....R L Axillary.....R L Iliac.....R L
 Femoral.....R L

(Drainage: ____ Intermittent ____ Continuous)

Disinfectant Chemical Used _____

Fluid Dilution

	1 st Gal	2 nd Gal	3 rd Gal	4 th Gal	Type
Pre-Inj.	____ oz/Gal	____ oz/Gal	____ oz/Gal	____ oz/Gal	_____
Co -Inj.	____ oz/Gal	____ oz/Gal	____ oz/Gal	____ oz/Gal	_____
H2O Corr	____ oz/Gal	____ oz/Gal	____ oz/Gal	____ oz/Gal	_____
Arterial	____ oz/Gal	____ oz/Gal	____ oz/Gal	____ oz/Gal	_____
Arterial	____ oz/Gal	____ oz/Gal	____ oz/Gal	____ oz/Gal	_____
Humectant	____ oz/Gal	____ oz/Gal	____ oz/Gal	____ oz/Gal	_____
<u>Other</u>	____ oz/Ga	____ oz/Gal	____ oz/Gal	____ oz/Gal	_____
Tot Chem	____ oz	____ oz	____ oz	____ oz	Tot Gal _____
Cavity	____ oz				_____
H2O Less	____ oz/Gal	____ oz/Gal	____ oz/Gal	____ oz/ Gal	_____

EMBALMING REPORT (Cont'd)

Pre-Embalming Comments:

Age: _____ Race: _____ Sex: _____ Weight: _____ Height: _____
Elapsed time between death and embalming: _____ Hrs. _____ Days; (_____ Unknown)
Was Body refrigerated? _____ Yes _____ No; How long? _____ (_____ Unknown)
Autopsy Case: _____ Yes _____ No; _____ Full _____ Cranial _____ Thoracic _____ Abdominal
Abdominal Distention: _____ None _____ Slight _____ Moderate _____ Intense; _____ Gas _____ Liquid
Jaundice: _____ None _____ Slight _____ Moderate _____ Intense
Lividity/Discoloration: Describe: _____
Hair: _____ None _____ Short _____ Medium _____ Long; Condition: _____
Facial Hair: _____ None _____ Light Growth _____ Heavy Growth _____ Mustache _____ Beard _____ Goatee
Other Comments: _____

Embalming Comments:

Arterial Condition: _____ Good _____ Fair _____ Poor Injection: _____ Continual _____ Pulse
Body Injection Pressure: _____ Lbs. Rate of Flow: _____ Low _____ Medium _____ High
Head Injection Pressure: _____ Lbs. Rate of Flow: _____ Low _____ Medium _____ High
Distribution Quality: _____ Good _____ Fair _____ Poor Firming Action: _____ Immediate _____ Delayed
Drainage Quality: _____ Good _____ Fair _____ Poor Clotting Factor: _____ Low _____ High
Hypodermic Injection: _____ Yes _____ No; Where: _____
Aspiration: _____ Immediate _____ Delayed/Time Re-Aspirated _____
Tissue Building: _____
Other Treatment/Comments: _____

Post-Embalming Comments:

Overall Diffusion Characteristics: _____ Even _____ Marbled _____ Spotty Other: _____
Overall Firmness Action: _____ Good _____ Fair _____ Poor Comment: _____
Arm/Hand Placement: _____ Natural _____ Tied Comment: _____
Plastics Used: _____ Coveralls _____ Pants _____ Stockings _____ Sleeves _____ Unionalls
Shipping Cases: _____ Hospital Gown _____ Arms/Hands Secure _____ Wrapped in Sheet _____ ID Band

Additional Comments:

Remains transferred from Central Prep By: _____
Items sent with remains _____

Received remains: Date _____ Time: _____ **Removal/Delivery** _____
Procedures Began: Date _____ Time: _____ **Finished:** Date _____ Time: _____

Embalmer(s): _____ **License#:** _____ **Date:** _____