

Date: _____

Record/Case Number: _____

Student's Name: _____

Student's
Signature: _____

Preceptor/Instructor's Name: _____

Preceptor/Instructor's
Signature: _____

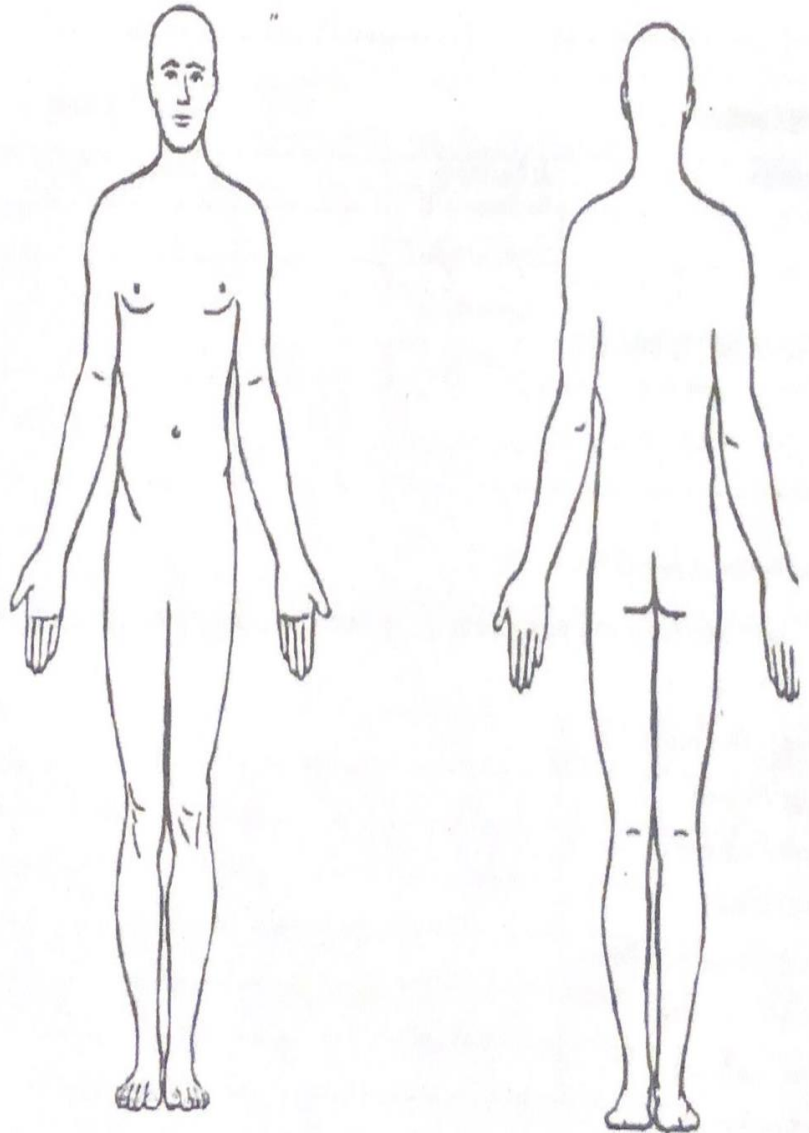
Funeral Home Name: _____

CASE INFO:

Date of Death		
Time of Death		
Cause of Death		
Age		
Sex (Male, Female, Non-Binary)		
Eye Color		
Hair Color		
Height		
Weight		
Nutrition		
Moisture Level (dehydrated, edema, normal)		
Teeth (Natural, Dentures, None)	Upper:	Lower:
Post mortem interval		Refrigeration: Y / N
Autopsy	Y / N	Full / Partial
Donor	Y / N	Tissues:
Rigor Mortis	Y / N	
Post mortem pigmentation	Y / N	Describe:
Purge	Y / N	Describe:
Gangrene	Y / N	Describe:
Lacerations	Y / N	Describe:
Burns	Y / N	Describe:
Fractures	Y / N	Describe:

Identifying Marks and Features:

Draw all identifying marks and features:



Pre-Embalming Analysis:

EMBALMING INFO:

<p>Circle which vessels were used for injection:</p> <p>Carotid: L / R Femoral: L / R Axillary: L / R Brachial: L / R Radial: L / R Ulnar: L / R Other: _____</p>	<p>Circle which vessels were used for drainage:</p> <p>Internal Jugular: L / R Femoral: L / R Axillary: L / R Basilic: L / R Heart tap Other: _____</p>
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Areas lacking distribution: _____

Condition at completion: Poor / Fair / Good **Suture used:** Baseball / Worm / Hidden / Locking / Whip

<p>Circle what was completed by you:</p>	
<ul style="list-style-type: none"> -Primary Disinfection -Massage/Manipulation of tissues -Body Positioning -Mouth Closure -Eye Closure -Disinfection of orifices -Shaving -Washing Hair 	<ul style="list-style-type: none"> - Mixing fluids -Set pressure and flow on machine -Raised Artery -Raised Vein -Cavity treatment -Autopsy treatment - Suturing -Terminal disinfection

CHEMICALS:

Total Solution Used: _____ Gal.

	Chemical Name	Company Name	Index	Amount Used (Oz.)
Pre-Injection				
Primary Injection (Arterial+ Co-injections)				
Cavity Injection				

Special post embalming Treatments: