



Date: \_\_\_\_\_ Record/Case Number: \_\_\_\_\_

Student's Name: _____
Student's Signature: _____

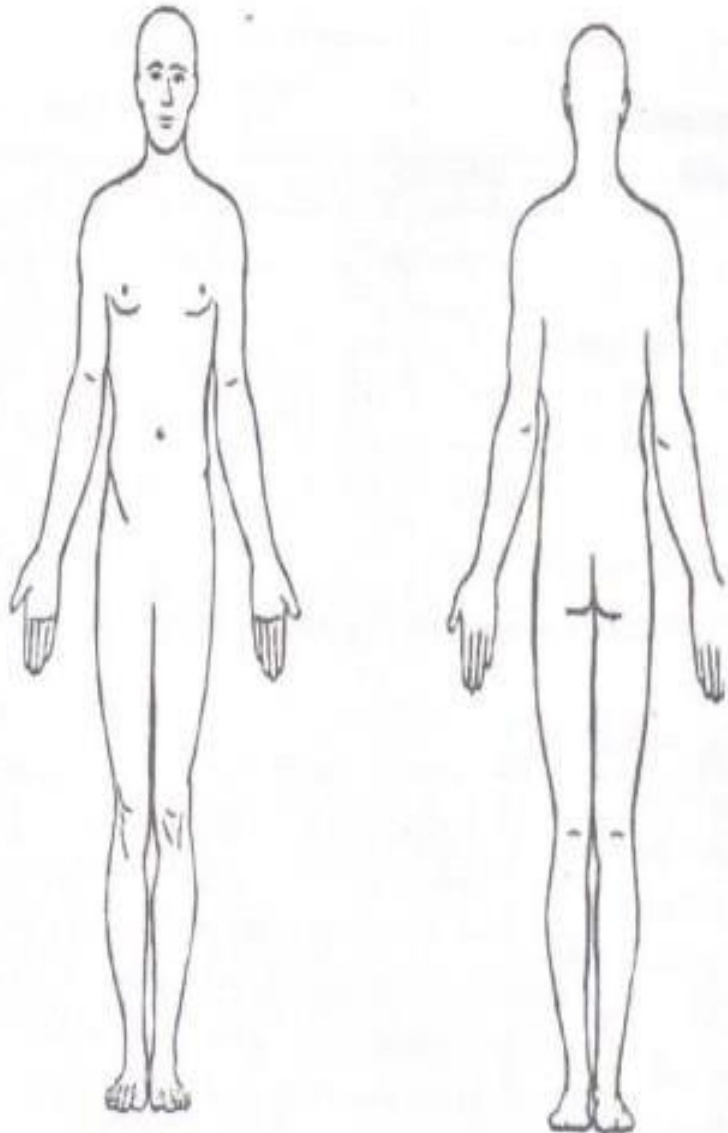
Preceptor/Instructor's Name: _____
Preceptor/Instructor's Signature: _____
Funeral Home Name: _____

**CASE INFO:**

Date of Death	
Time of Death	
Cause of Death	
Age	
Sex (Male, Female)	
Eye Color	
Hair Color	
Height	
Weight	
Nutrition	
Moisture Level (dehydrated, edema, normal)	
Teeth (Natural, Dentures, None)	Upper: _____ Lower: _____
Postmortem interval (PMI)	Refrigeration: Y / N
Autopsy	Y / N      Full / Partial
Donor	Y / N      Tissues: _____
Rigor Mortis	Y / N
Postmortem 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:**

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

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

<b>Circle what was completed by you:</b>	
-Primary Disinfection	- Mixing fluids
-Massage/Manipulation of tissues	-Set pressure and flow on machine
-Body Positioning	-Raised Artery
-Mouth Closure	-Raised Vein
-Eye Closure	-Cavity treatment
-Disinfection of orifices	-Autopsy treatment
-Shaving	- Suturing
-Washing Hair	-Terminal disinfection

**AIR QUALITY READING:** \_\_\_\_\_ **Photo attached:** Y/N

**CHEMICALS**

TOTAL SOLUTION USED: gallons	Chemical Name	Company Name	Index	Amount Used (Oz.)
Pre-Injection				
Primary Injection(Arterial+ Co-injections)				
Cavity Injection				

**Special post embalming Treatments:**

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