

Commonwealth Institute of Funeral Service
415 Barren Springs Drive
Houston, Texas 77090

Date of Clinical: _____

Deceased Name: _____

Case Number: _____

STUDENTS ASSIGNED TO CASE [Print Name and include Provisional License number if applicable.]

EMBALMING CASE REPORT

Permission To Embalm: Yes No

Treatment to proceed on basis of:

____ signed authorization ____ oral authorization ____ Anatomical Donation Program

Authorized by Whom: _____

____ statutory 3-hr attempt to secure

____ orders from _____

IDENTIFICATION

Type of Case: County VA Cremation Medical School

Deceased Name: _____ Case Number: _____

DOB: _____ DOD: _____ ID Tag Present: Yes No SABD # Only

Age _____ yrs. Race _____ Sex: male female Weight c. _____ lbs. Height c. _____ ft. _____ in.

Case received from: _____ Recipient: _____

Time received: _____: _____ am pm Date received: _____

PERSONAL PROPERTY RECORD

Personal Property: Yes [must list] No

Property: _____

Disposition of Property: _____

Received by & date: _____ Released by & 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 _____

Condition of: Arteries: _____ Veins: _____

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 _____

Injection:

pre-injection (co-injection)	1 st _____ gal.	2 nd _____ gal.	3 rd _____ gal.
arterial concentrate _____ (%) or (Index)	1 st _____ oz.	2 nd _____ oz.	3 rd _____ oz.
arterial concentrate _____ (%) or (Index)	1 st _____ oz.	2 nd _____ oz.	3 rd _____ oz.
fluid modifier _____	1 st _____ oz.	2 nd _____ oz.	3 rd _____ oz.
humectant _____	1 st _____ oz.	2 nd _____ oz.	3 rd _____ oz.
other _____	1 st _____ oz.	2 nd _____ oz.	3 rd _____ oz.

Injection Method:

Continuous Alternate

Drainage:

Intermittent Continuous No Drainage [Baylor Medical School Case]

Quality of Drainage _____ Quality: Heavy clots Medium Light None

Cavity Treatment: Yes No [Medical School Case]

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) _____

Incision Closure: Yes No [Medical School Case – Suture Only]

Method of Closure: Cauterant & Cotton Inner-Seal Pier-Seal Tru-Seal & Webril

Posing Features

Mouth Closure : Suture Needle Injection Natural Dentures Cotton Other _____

Eye Closure : Cotton Eye Caps Natural Other

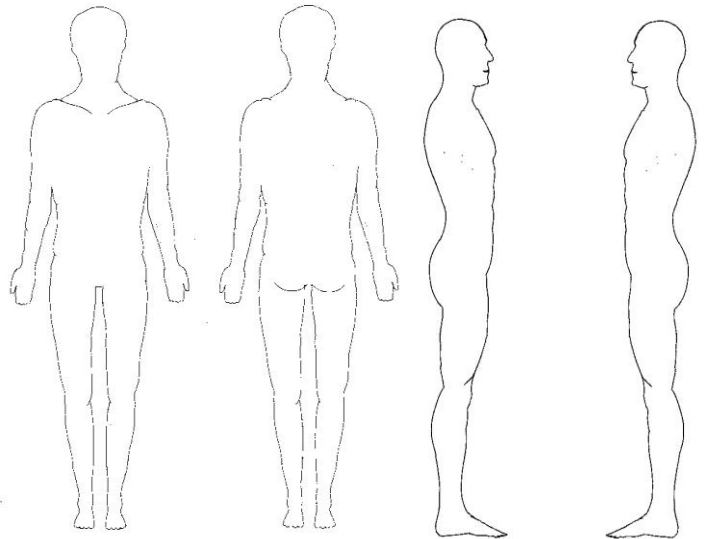
Shaved : No Yes Face Head

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/Preceptor Signature & Printed Name

_____ License No. (if applicable) _____

Student Signature & Printed Name