

Embalming Report

Iowa Funeral Directors Association

Funeral Director:

License Number:

Funeral Establishment:

Date of Embalming:

Case Number:

DESCRIPTION OF DECEASED:

Name:

Age:

Sex:

Race:

Date of Death:

Place of Death:

Weight:

Height:

Time of Death:

Date/Time Embalming Started:

Time embalming completed:

CONDITION OF BODY (PRE-EMBALMING):

Refrigeration: Y N

Length of Refrigeration:

Rigor Mortis: Y N

Livor mortis: Y N Stain: Y N

Autopsy: Y N ___Cranial ___Thoracic ___Abdominal

Teeth: ___ Natural ___ Dentures ___ Partial

Organ/Tissue Donor: Y N

Organs/Tissue procured:

Evidence of Disease:

Evidence of Surgery:

Emaciated:

Edematous:

Purge:

Skin Slip:

Discolorations:

Wounds:

Mutilations:

Tumors:

Ulcerations:

Gas:

Fractures:

Lacerations:

Burns:

Body condition NORMAL:

What was different about this body and how did it affect the embalming process:

EMBALMING TECHNIQUES:

Disinfection: ___ Eyes ___ Nose ___ Mouth Other orifices:

Orifices packed:

Technique used:

Vessels Used: (Circle all vessels used)

ARTERIES:

Com. Carotid R L Com. Iliac R L

Subclavian R L Femoral R L

Axillary R L Radial R L

Brachial R L Ulnar R L

Other:

Condition of Arteries:

VEINS:

Int. Jugular R L Inf. Vena Cava

Subclavian R L Femoral R L

Com. Iliac R L

Axillary R L

Other:

Condition of Veins:

Machine Settings

Potential Pressure:

Actual Pressure:

Differential:

Rate of Flow:

oz./min

Injection: ___ Restricted Cervical ___ One Point ___ Multi-point ___ Instant Tissue Fixation (*Head Freeze*)

Drainage: ___ Continuous ___ Intermittent ___ Direct Heart Drainage (*Heart Tap*)

EMBALMING SOLUTION

Total Gallons Used:

Type of Machine:

1 st Injection:	Brand Name	Company Name	Index/CPF	Oz/Gallon
Pre-Injection:				
Pre-Injection:				
Arterial Fluid:				
Arterial Fluid:				
Co-Injection:				
Co-Injection:				
Co-Injection:				
Other:				
Total Solution (1 st Injection):				

2 nd Injection:	Brand Name	Company Name	Index/CPF	Oz/Gallon
Arterial Fluid:				
Arterial Fluid:				
Co-Injection:				
Co-Injection:				
Co-Injection:				
Other:				
Total Solution (2 nd Injection):				

3 rd Injection:	Brand Name	Company Name	Index/CPF	Oz/Gallon
Arterial Fluid:				
Arterial Fluid:				
Co-Injection:				
Co-Injection:				
Co-Injection:				
Other:				
Total Solution (3 rd Injection):				

4 th Injection:	Brand Name	Company Name	Index/CPF	Oz/Gallon
Arterial Fluid:				
Arterial Fluid:				
Co-Injection:				
Co-Injection:				
Co-Injection:				
Other:				
Total Solution (4 th Injection):				

CAVITY TREATMENT:

Aspiration: ____ Immediate ____ Delayed Length of delay:

Cavity Fluid: Manufacturer: Index: Oz. Used:

AUTOPSY:

Viscera/Abdominal Wall Treatment:

Cranial/Calvarium Treatment:

Areas Receiving Poor Distribution:

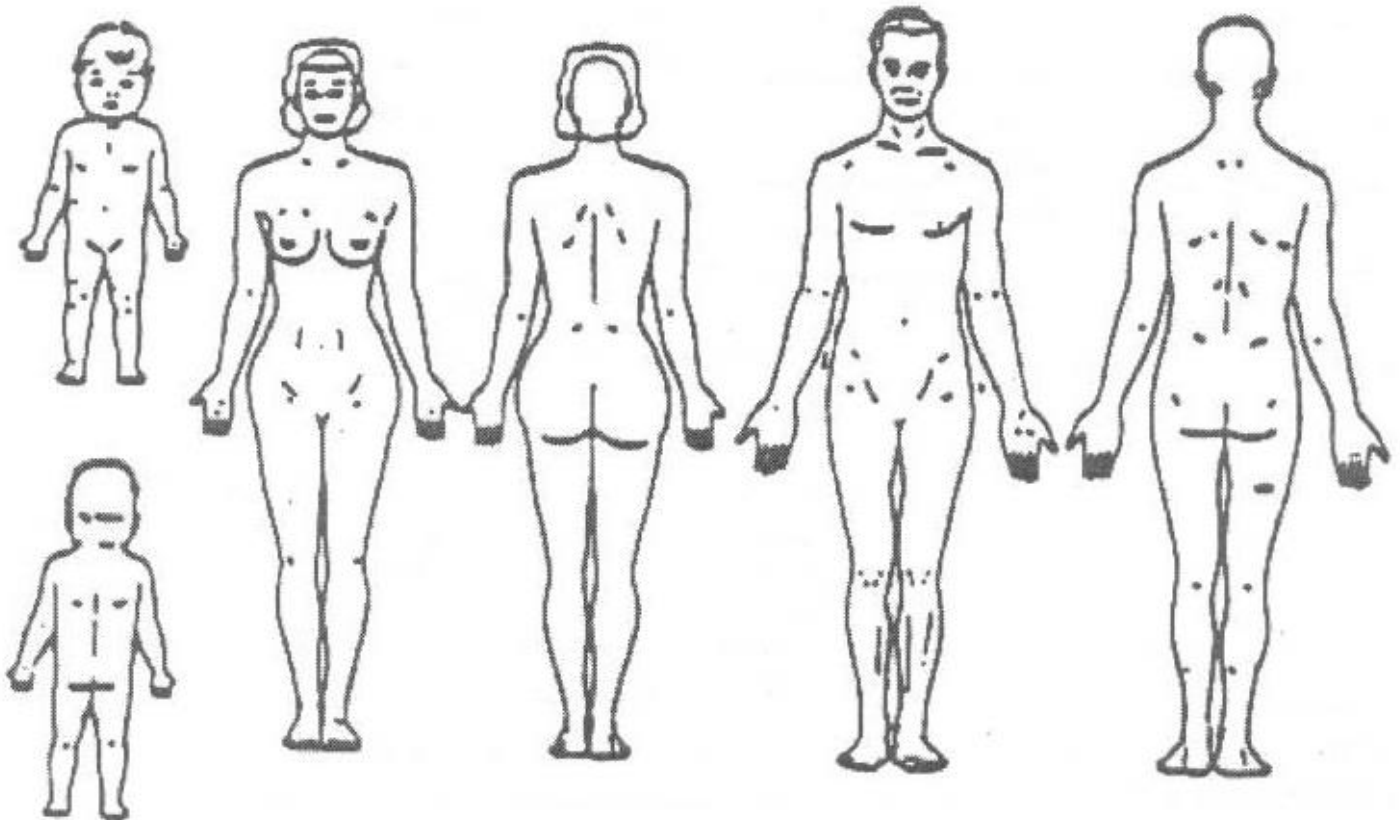
Special Treatments (e.g. hypo, surface embalming, etc.):

Condition of Body at Completion of Embalming: ___ Good ___ Fair ___ Poor ___ Unknown

Condition of Body at Time of Funeral: ___ Good ___ Fair ___ Poor ___ Unknown

What was unique about this embalming case? What problems did you encounter? Where there any circulatory issues?
If this was a difficult embalming case, what made it that way?

IDENTIFICATION ANATOMICAL CHART



Indicate identifiable unusual markings or conditions on figures.
(Tattoo, scar, wound, fracture, sore, etc.)