

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:

Machine Settings

Potential Pressure:

Actual Pressure:

Differential:

Rate of Flow:

oz./min

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:

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:**

| 1st 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 (1st Injection): | | | | |

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

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

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

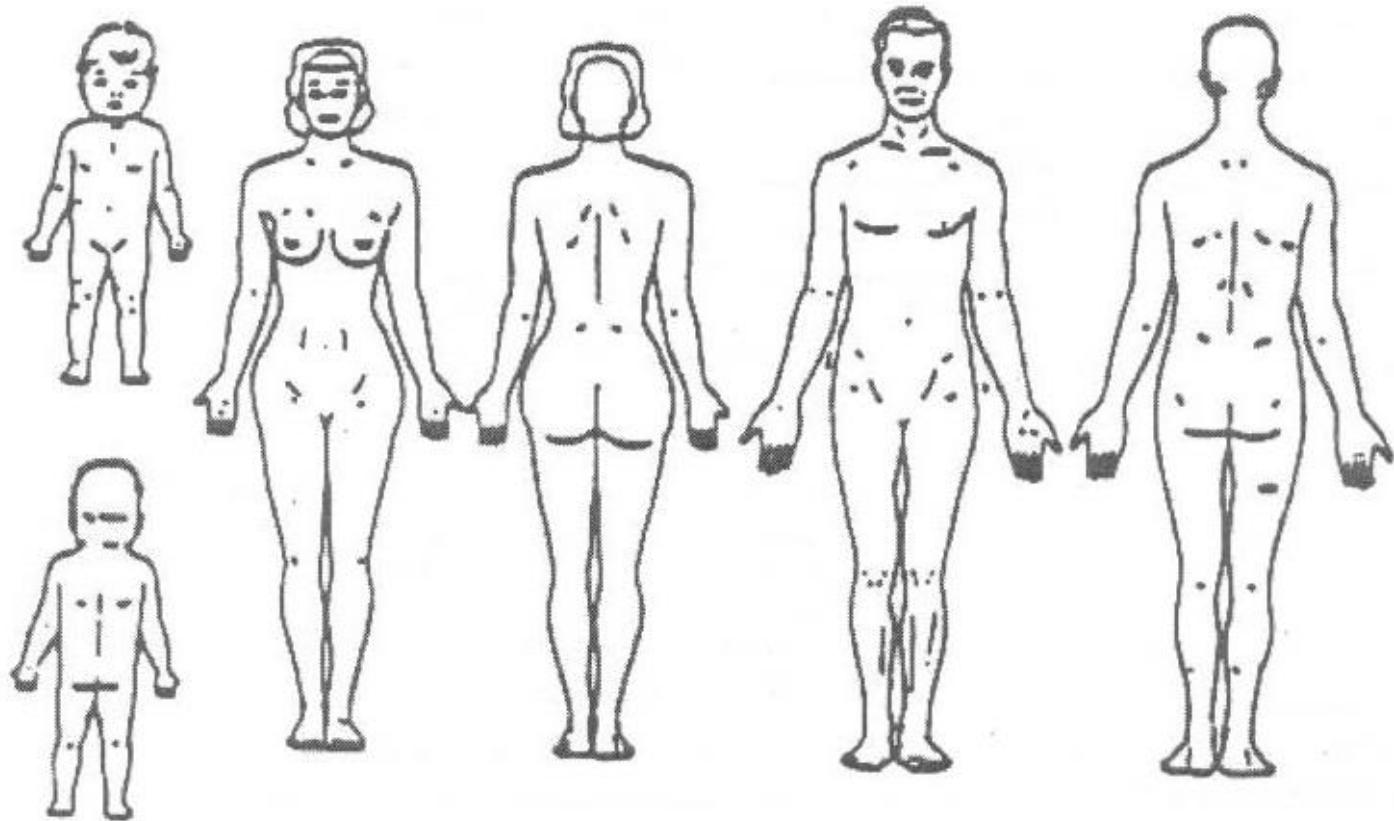
Special Treatments (e.g. hypo, surface embalming, etc.):

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 were 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.)