

Preparation Report

Name of Decedent		Identifying Features: (tattoos, scars etc)		
Estimate		Chain of Events		
Ht. _____	Wt. _____	Body placed into refrigeration	Date _____	Time _____
Gender		Removed from refrigeration	Date _____	Time _____
Female <input type="checkbox"/>	Male <input type="checkbox"/>	Age _____	Embalming Commenced	Date _____
Death		Fluid Dilutions		
Date _____	Time _____	Disinfectant	Index	Ounces (128/gal)
Authorization to Embalm		Water corrective		
Date _____	Time _____	Pre-injection		
Valuables		Co-injection		
Casket/Viewing Dias		Arterial		
		Modifier		
		Water		
		Total Solution		
IE: CI 18INDEX X CV 40Ozs = 720 ♦ DI 2.81 X DV 256Ozs (720÷256=2.81DI)				
Medical Examiner Case	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Arterial	Right
If yes, is the body released	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Carotid	Left
Autopsy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Subclavian	
Cranial Incision	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Axillary	
Thoracic/Abdominal Incision	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Brachial	
Y shaped Incision	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Iliac	
Irregular autopsy Incision(s)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Femoral	
Additional autopsy Incision(s)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Radial	
			Ulnar	
			Venous	Right
Was the Decedent a Donor	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Jugular	
Skin	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Axillary	
Bones	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Iliac	
Eyes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Femoral	
Organs	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Distribution	Right
Significant signs of decomposition			Face	Left
			Arms/Hands	
Injuries/Bruising			Legs/Feet	
			Overall	
Skin condition			Aspiration?	Yes <input type="checkbox"/>
				No <input type="checkbox"/>
			Cavity Chemical (Type/Ozs.) _____	
			Other	
Impervious barrier used			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Purge before/during embalming			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Washed and shampooed			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Eyes/mouth closed, orifices packed			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Embalmer Print & Sign		Date Signed		Time Signed