

MEDICAL RECORD

DISPOSITION OF BODY

RECEIPT OF BODY AT MORGUE

The body of \_\_\_\_\_ was received  
 \_\_\_\_\_ (Name)

at \_\_\_\_\_ A.M. on \_\_\_\_\_  
 \_\_\_\_\_ P.M. on \_\_\_\_\_ (Date)

\_\_\_\_\_  
 \_\_\_\_\_ (Signature)

CERTIFICATE OF REMOVAL

The body of \_\_\_\_\_ was removed  
 \_\_\_\_\_ (Name)

by \_\_\_\_\_  
 \_\_\_\_\_ (Name and address of undertaker)

at \_\_\_\_\_ A.M. on \_\_\_\_\_  
 \_\_\_\_\_ P.M. on \_\_\_\_\_ (Date)

\_\_\_\_\_  
 (Signature of person releasing body to undertaker)

\_\_\_\_\_  
 (Signature of representative of undertaker)

The following statement shall be completed only when specifically ordered.

PHYSICIAN'S STATEMENT REGARDING CONDITION OF REMAINS AS RELEASED (Describe post-mortem, surface discolorations, abrasions, lesions, whether remains were embalmed, etc.)

THIS BODY CONTAINS A MEDICAL IMPLANT WHICH MAY INCLUDE A BATTERY OR POWER CELL YES  NO

\_\_\_\_\_  
 (Signature of Physician)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility

REGISTER NO.

WARD NO.

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