

MEDICAL RECORD	DISPOSITION OF BODY
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RECEIPT OF BODY AT MORGUE

The body of _____ was received
(Name)

at _____ A.M. on _____
P.M. (Date)

 (Signature)

CERTIFICATE OF REMOVAL

The body of _____ was removed
(Name)

by _____
(Name and address of undertaker)

at _____ A.M. on _____
P.M. (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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DISPOSITION OF BODY
 Medical Record