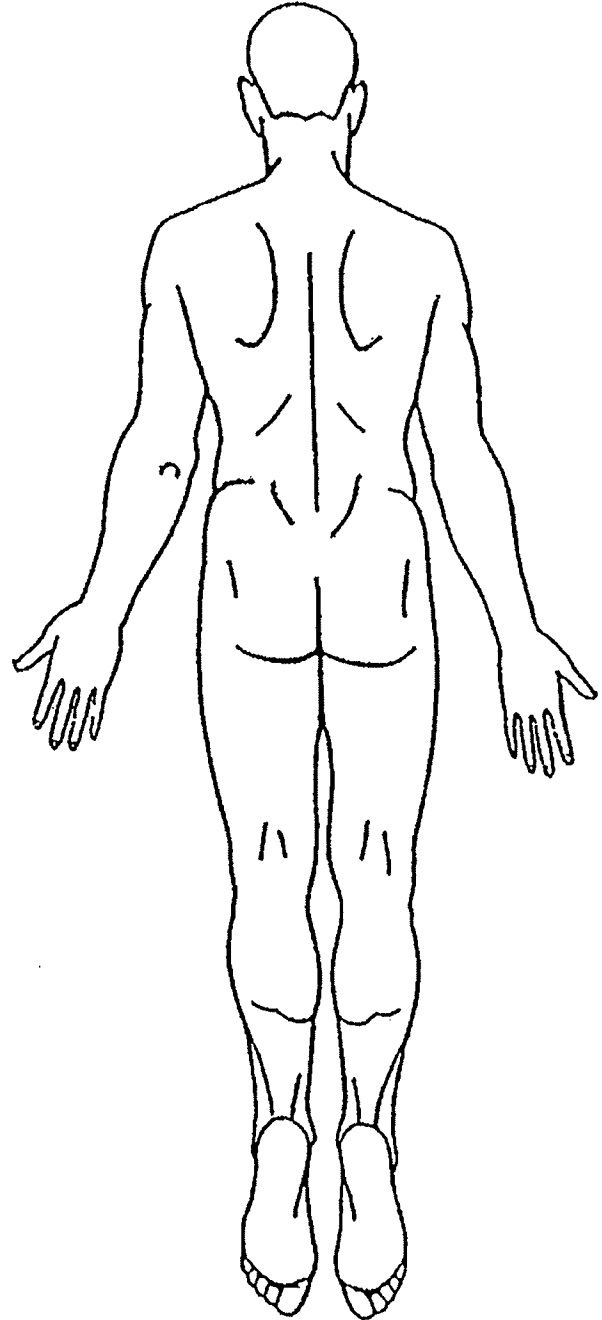
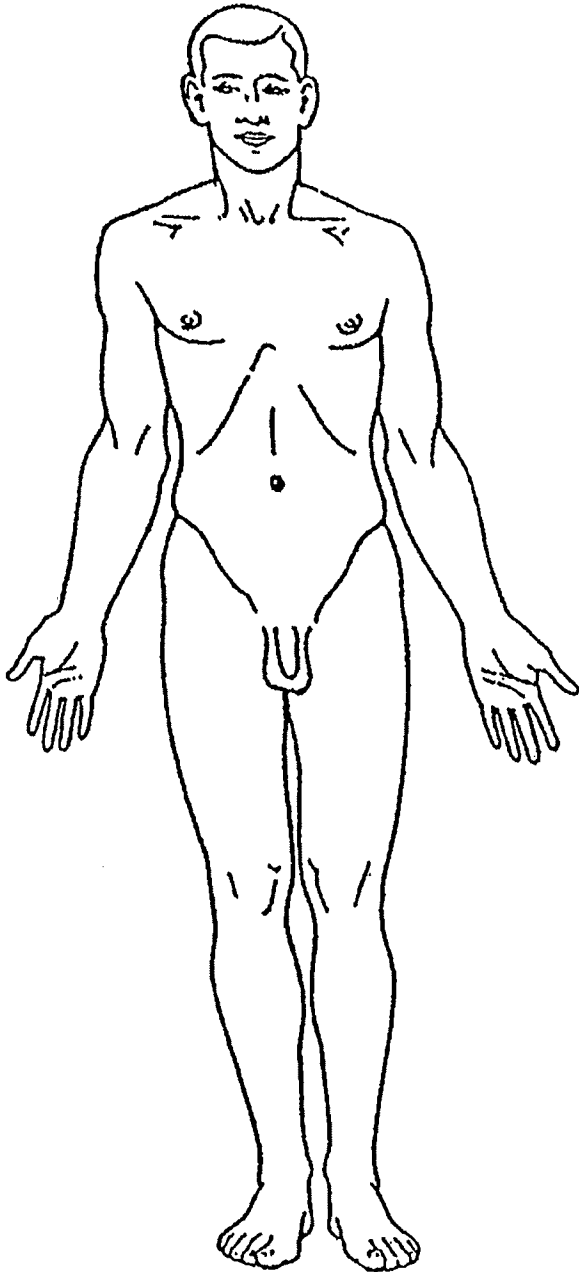


CASE NO. _____ NAME _____

AGE _____ RACE _____ SEX _____ HEIGHT _____ WEIGHT _____



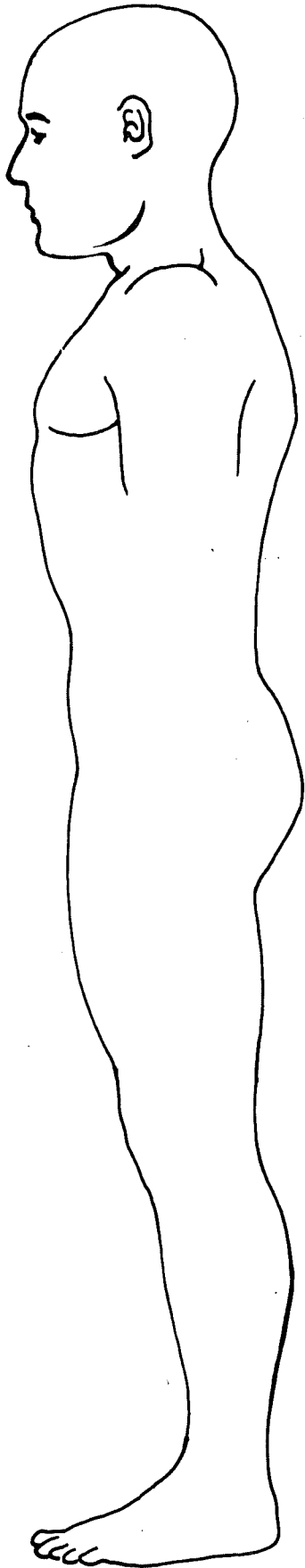
FORM A

Full body, male, lateral view.



Name _____ Autopsy No. _____

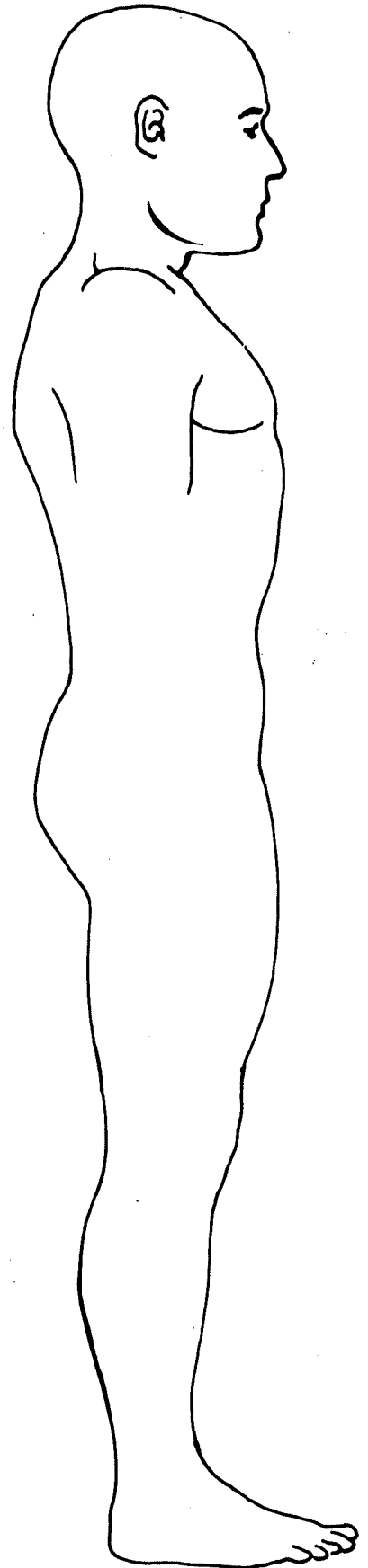
Age _____ Race _____ Sex _____ Date / /



L. ARM



R. ARM



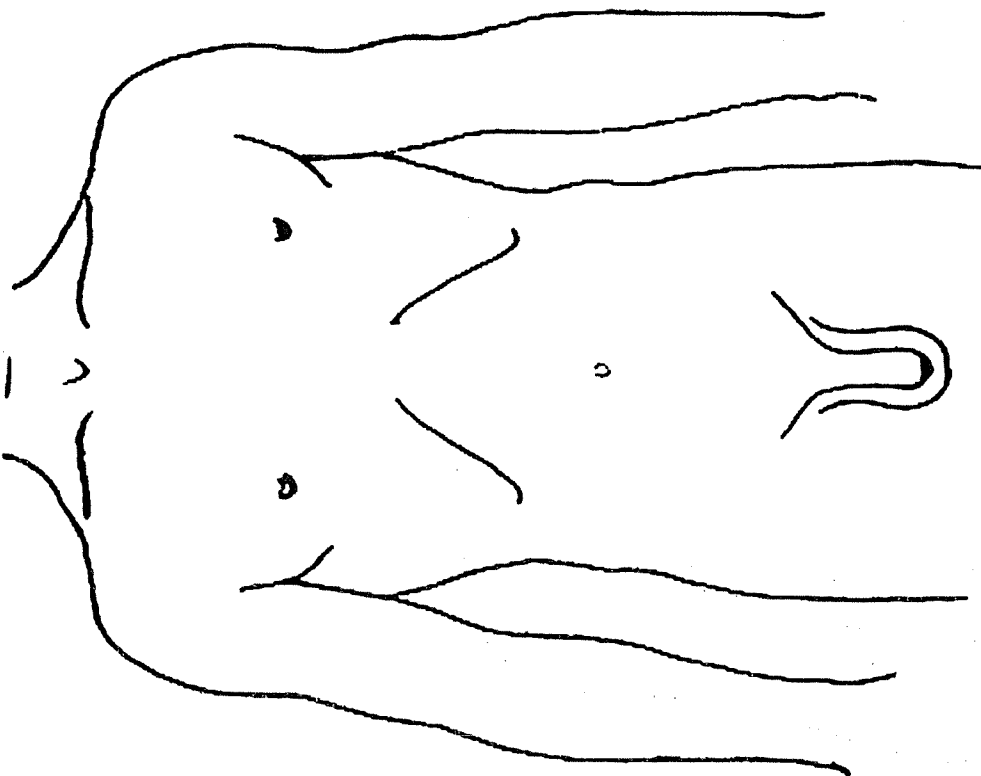
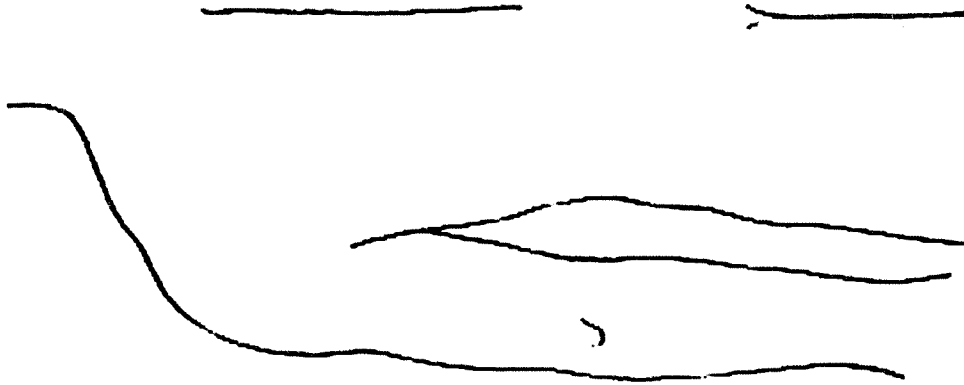
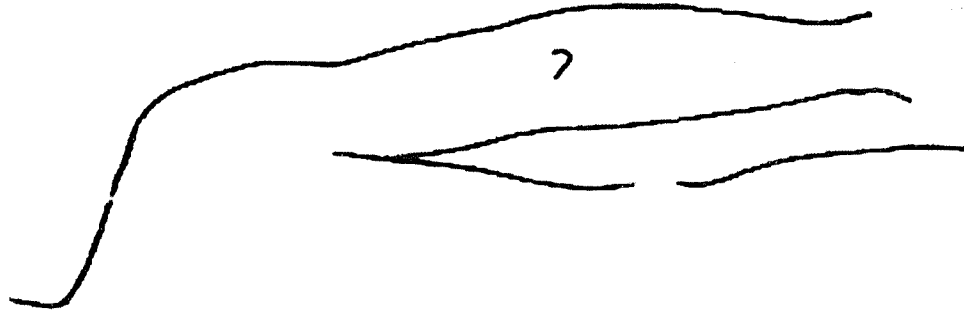


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MIAMI, FL 33136-1133

Thoracic Abdominal, Male, Anterior and Posterior Views

Name _____ Autopsy No. _____

Age _____ Race _____ Sex _____ Date / /

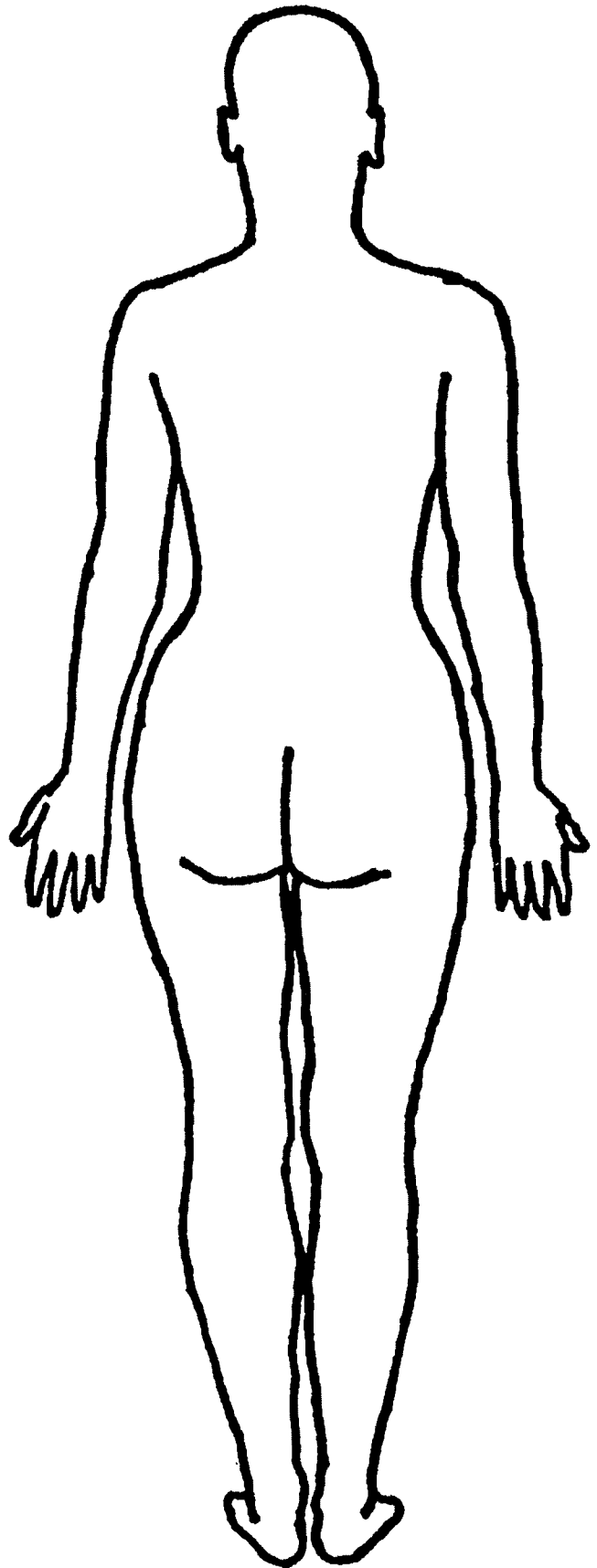
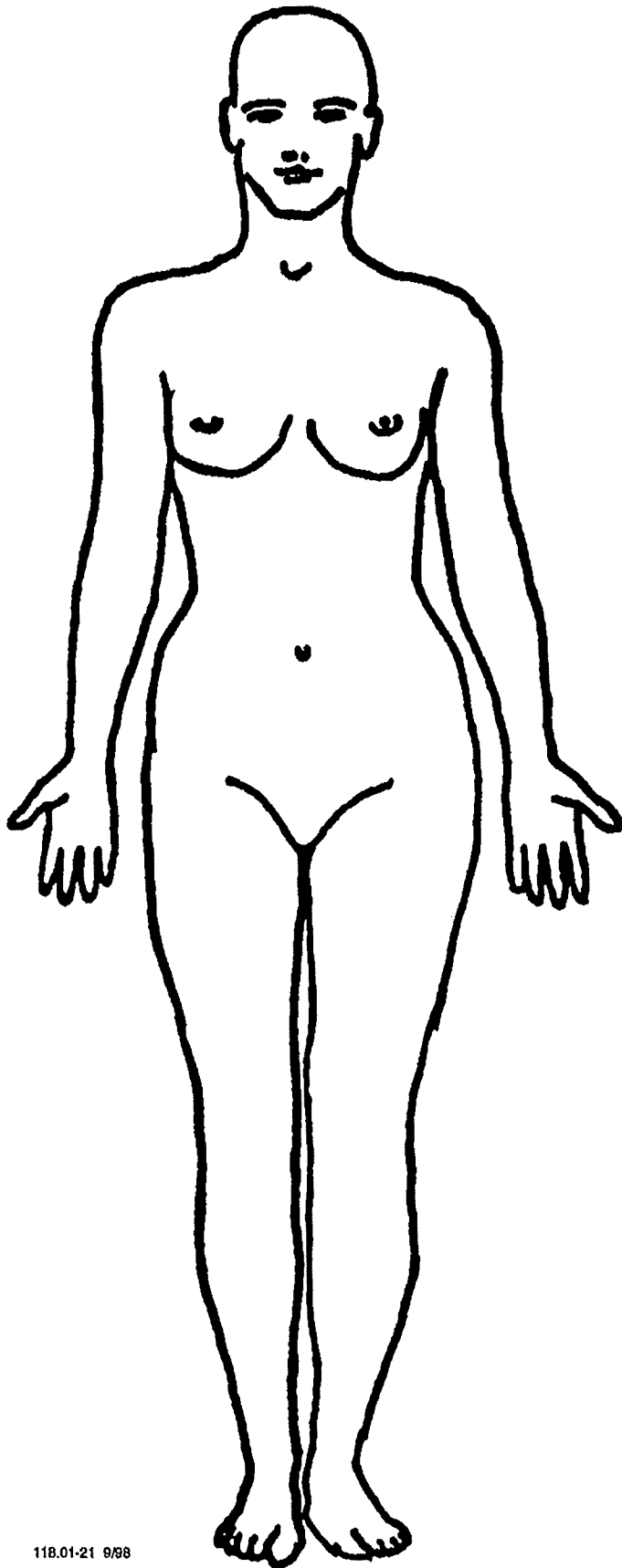




Full Body, female, anterior and posterior views.

Name _____ Height: _____ Weight: _____ Autopsy No. _____

Age _____ Race _____ Sex _____ Date / /



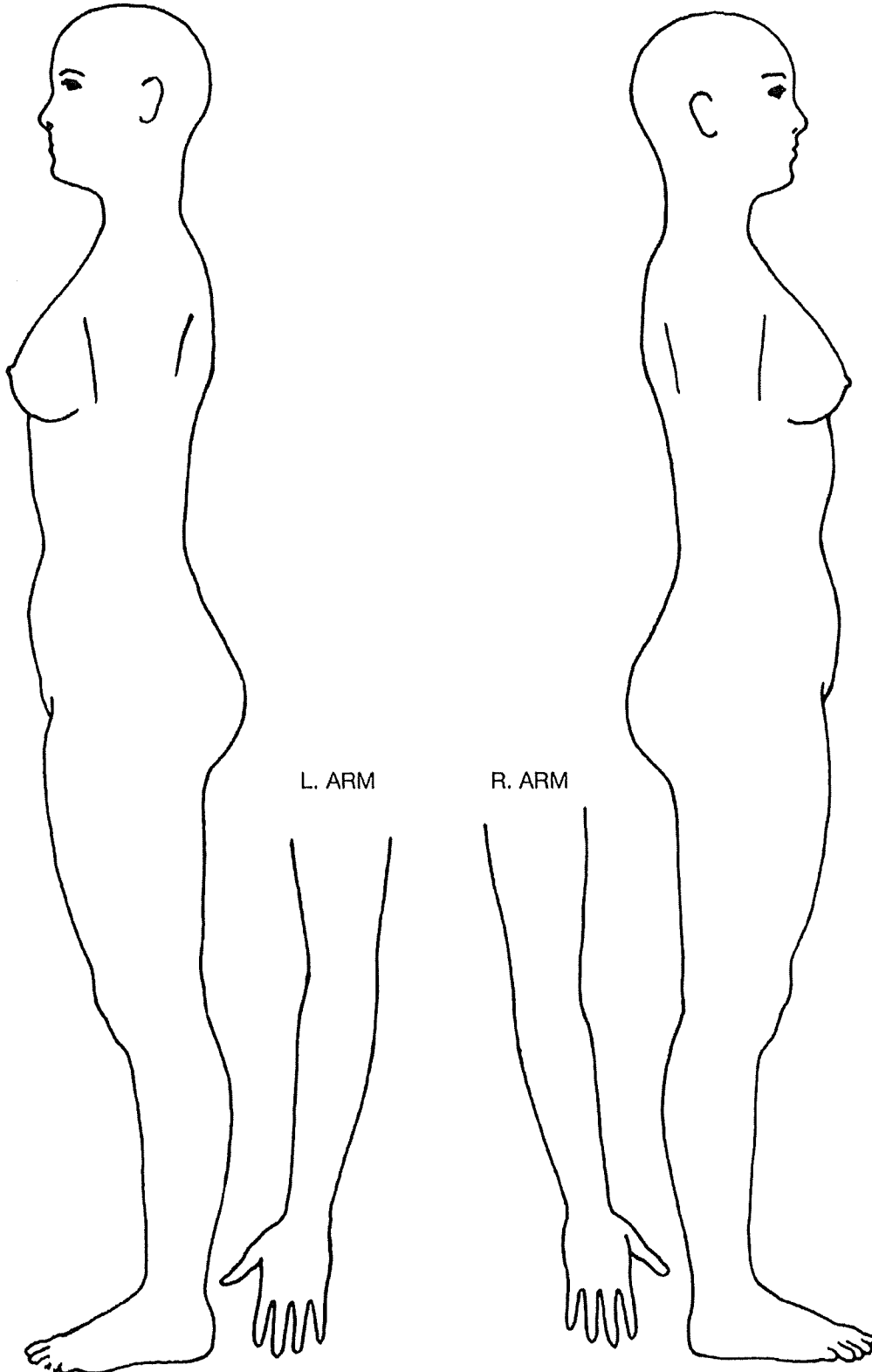


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(305)545-2469

Full Body, Female, Lateral View

CASE NO. _____ NAME _____

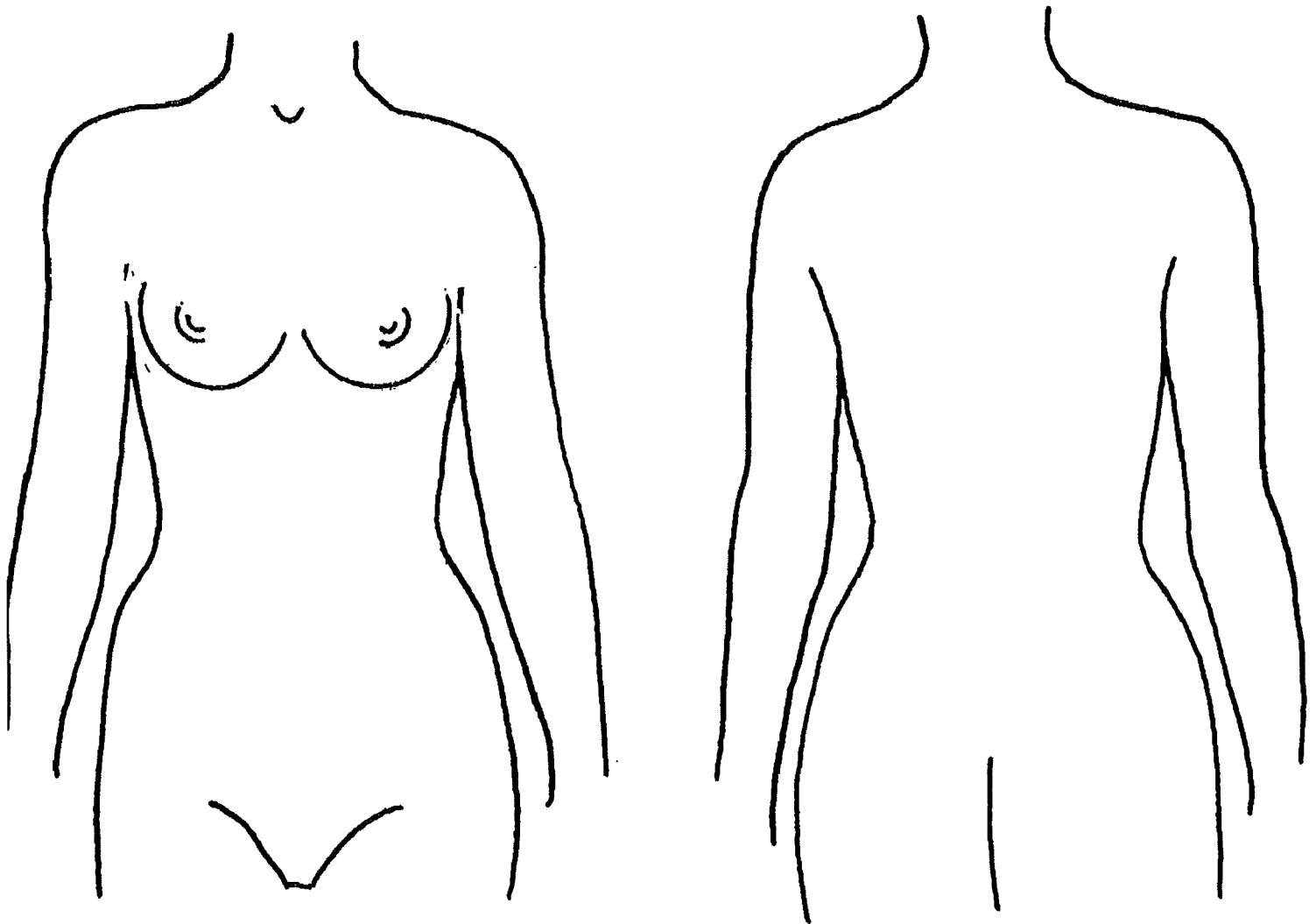
AGE _____ RACE _____ SEX _____ HEIGHT _____ WEIGHT _____ DATE _____



Thoracic Abdominal, Female, anterior and posterior diagrams.

Name _____ Autopsy No. _____

Age _____ Race _____ Sex _____ Date / /

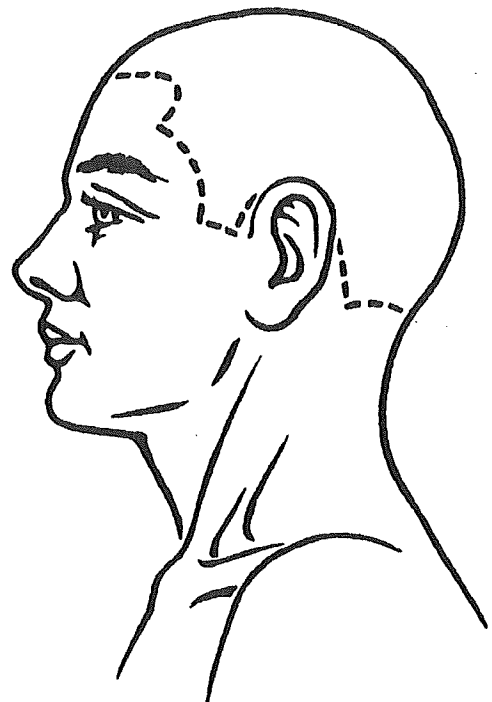
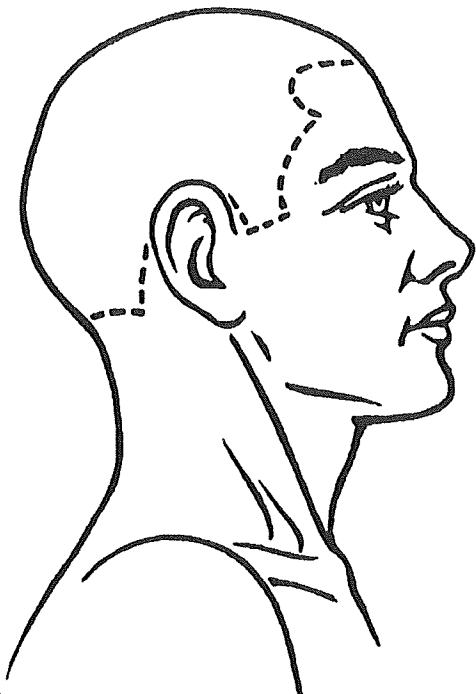
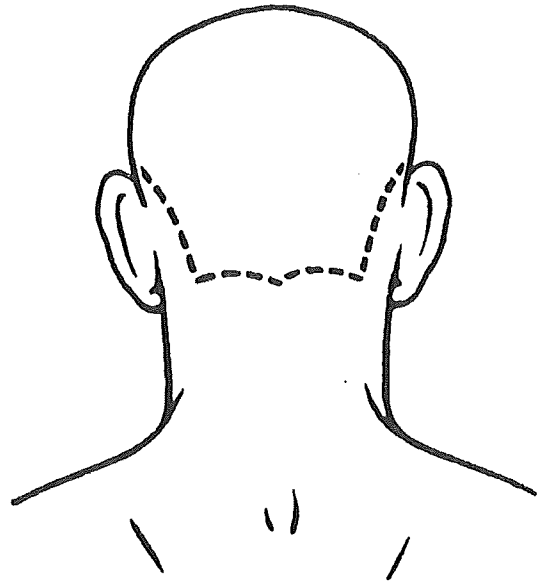
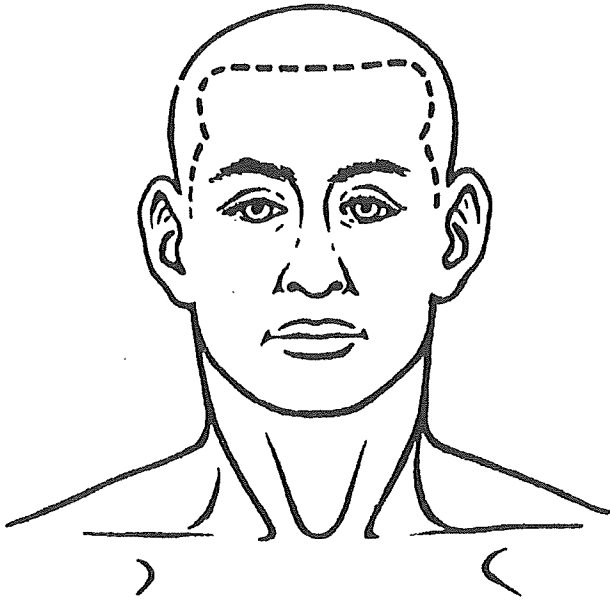




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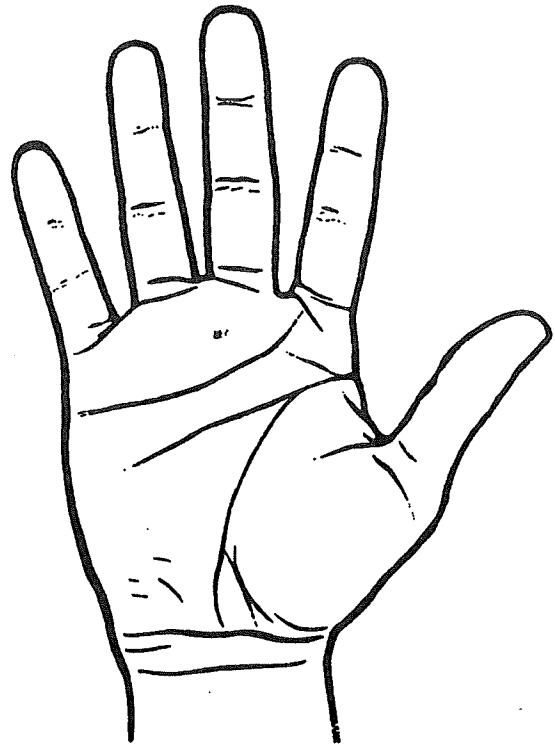
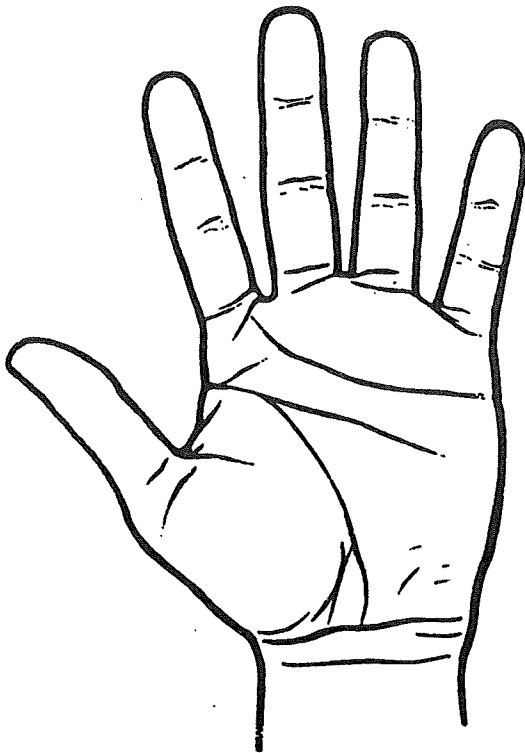
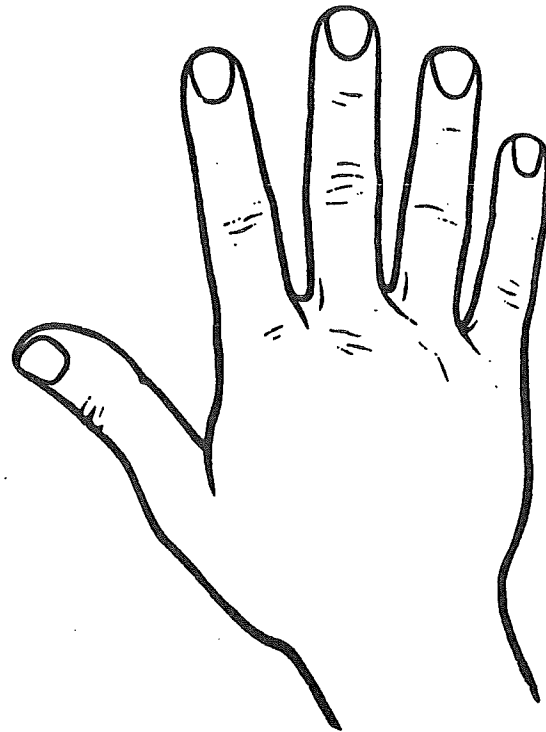
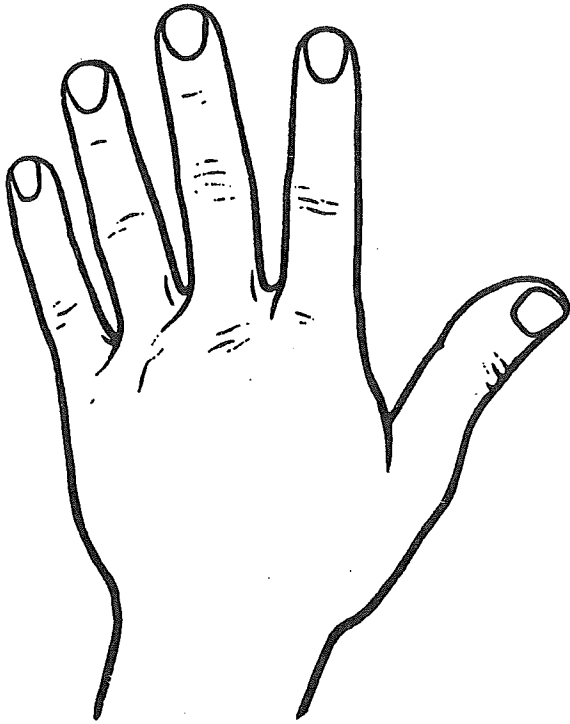
HEAD and FACE DIAGRAM

Name _____ M.E. CASE NO. _____



CASE NO. _____ NAME _____

AGE _____ RACE _____ SEX _____ HEIGHT _____ WEIGHT _____

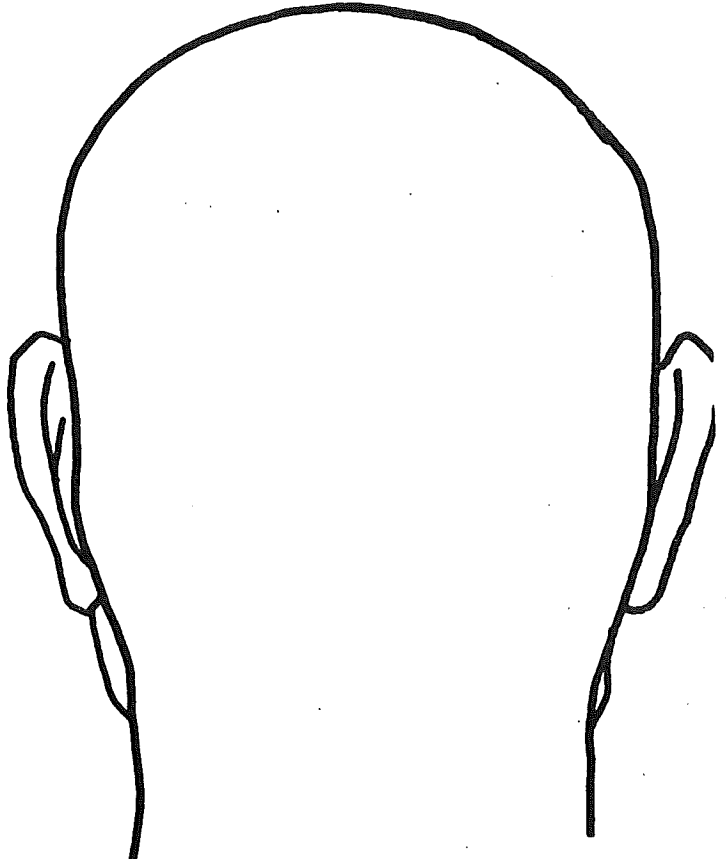
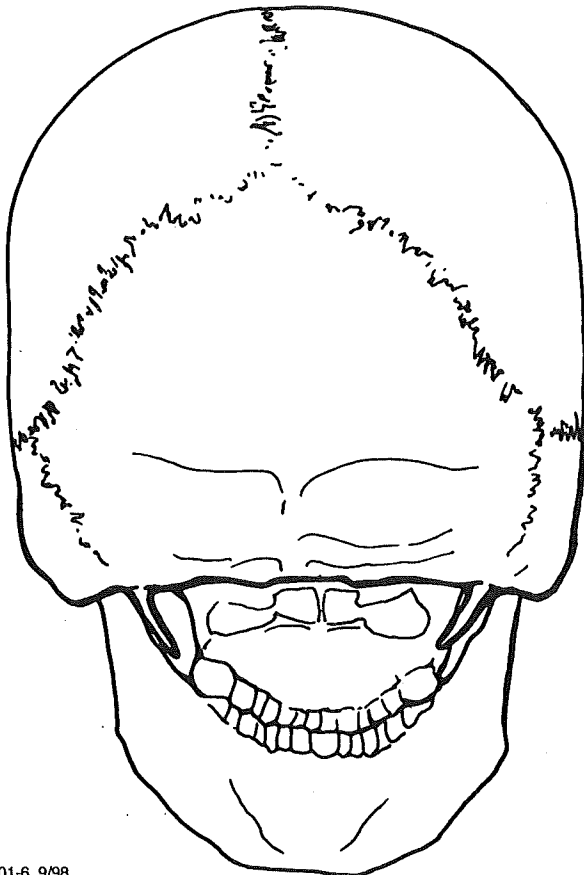
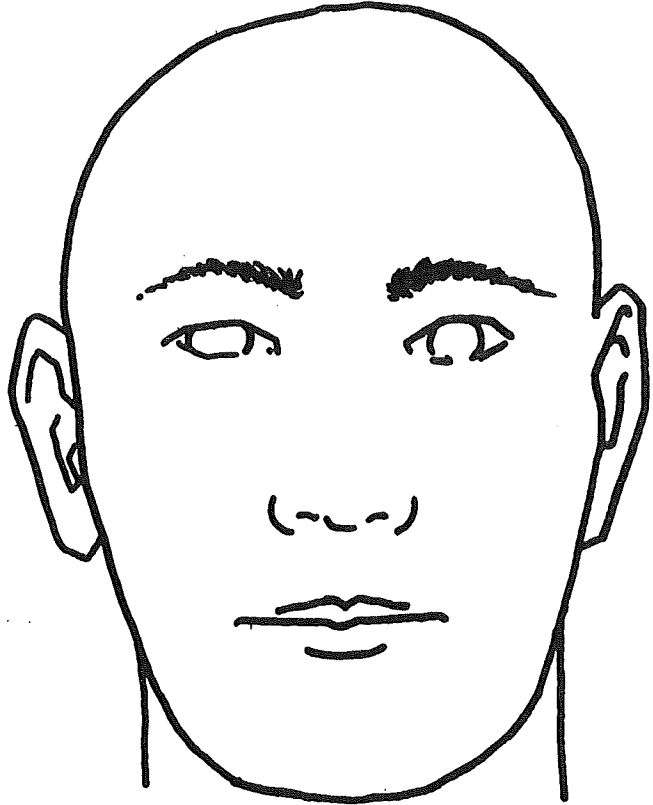
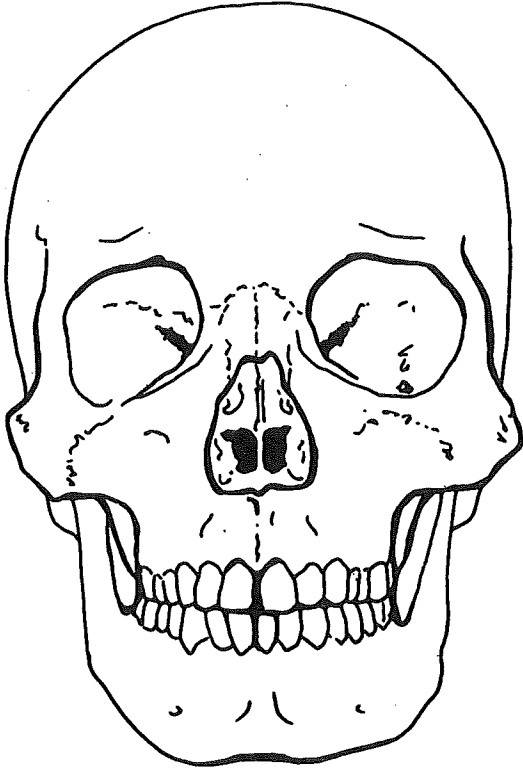


FORM F

Head and skull: anterior and posterior views.

Name _____ Autopsy No. _____

Age _____ Race _____ Sex _____ Date / /



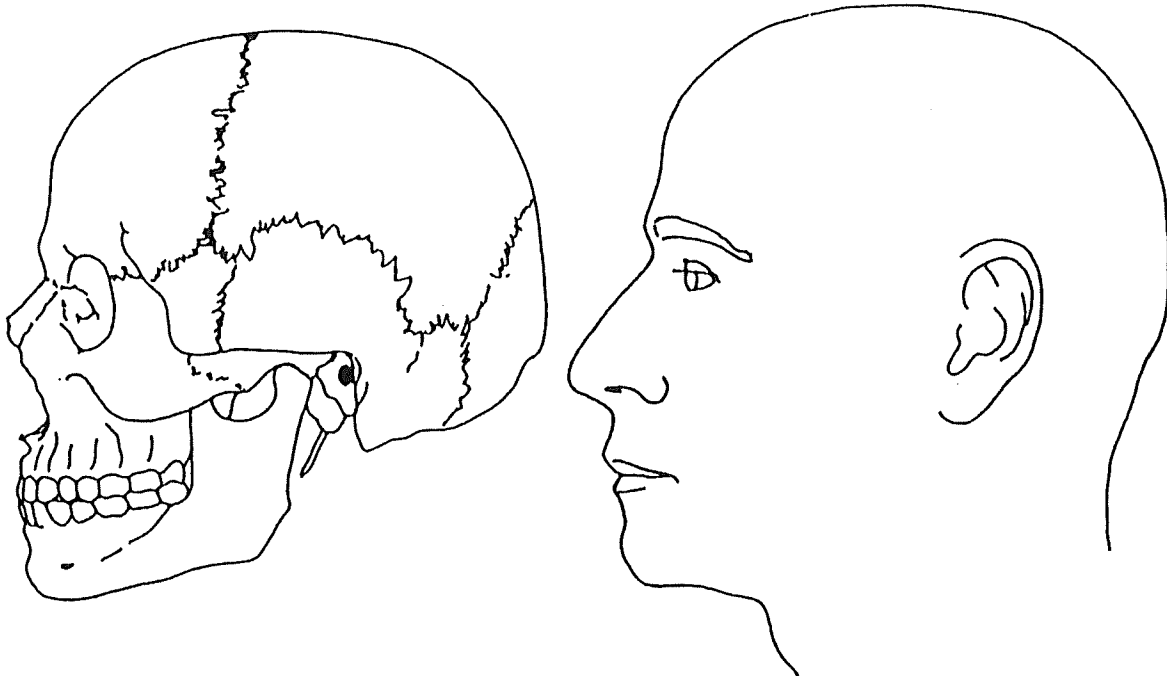
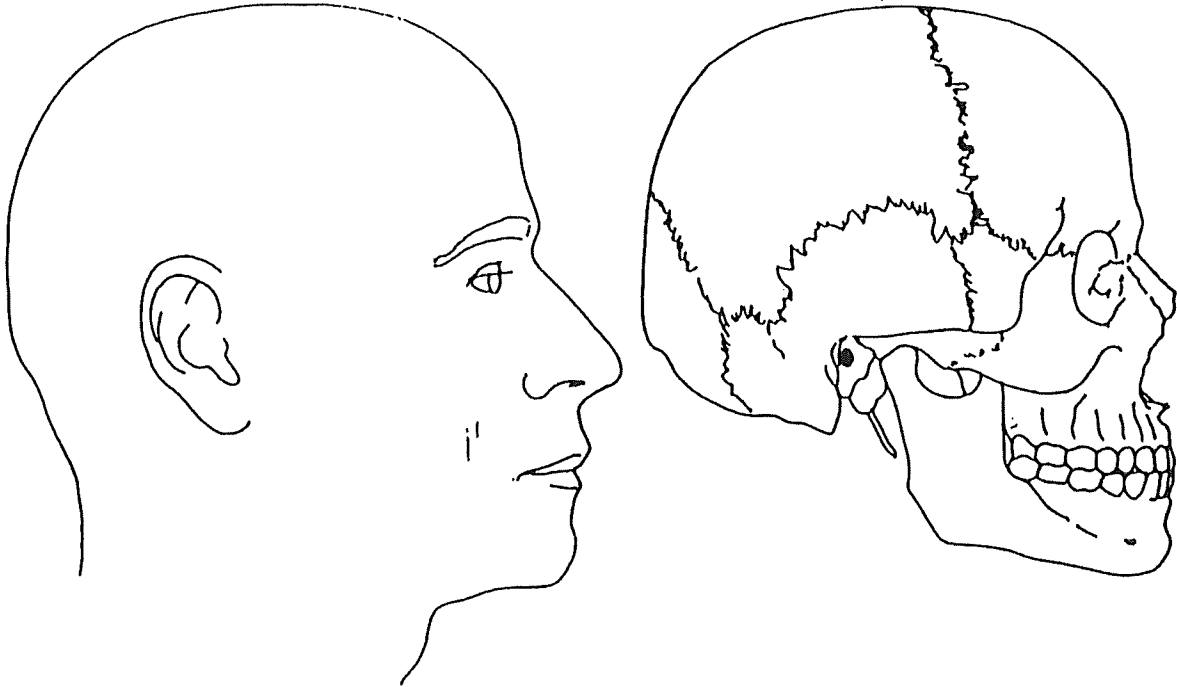


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Head, Surface and Skeletal Anatomy, Lateral View

Name _____ Autopsy No. _____

Age _____ Race _____ Sex _____ Date / /



MIAMI-DADE COUNTY MEDICAL EXAMINER DEPARTMENT

NUMBER ONE ON BOB HOPE ROAD, MIAMI, FL 33136-1133

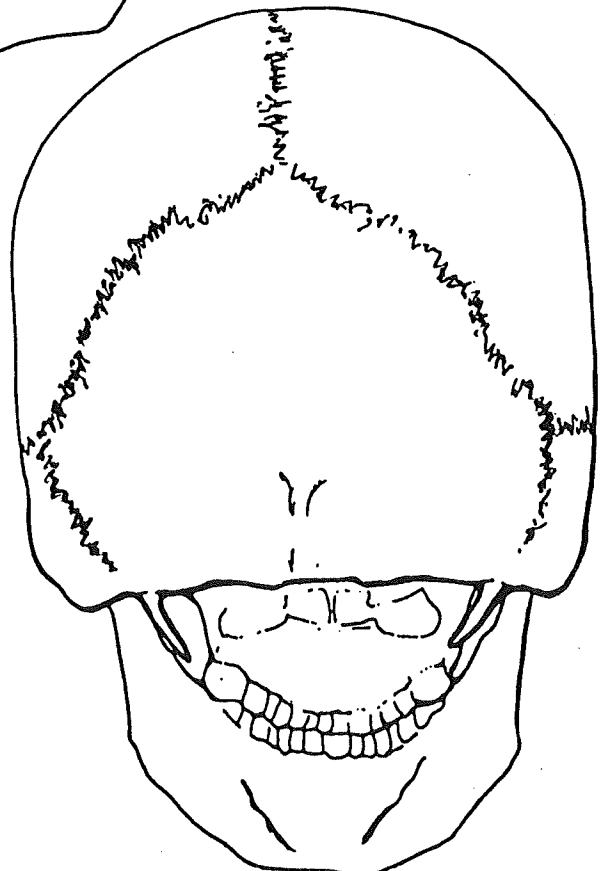
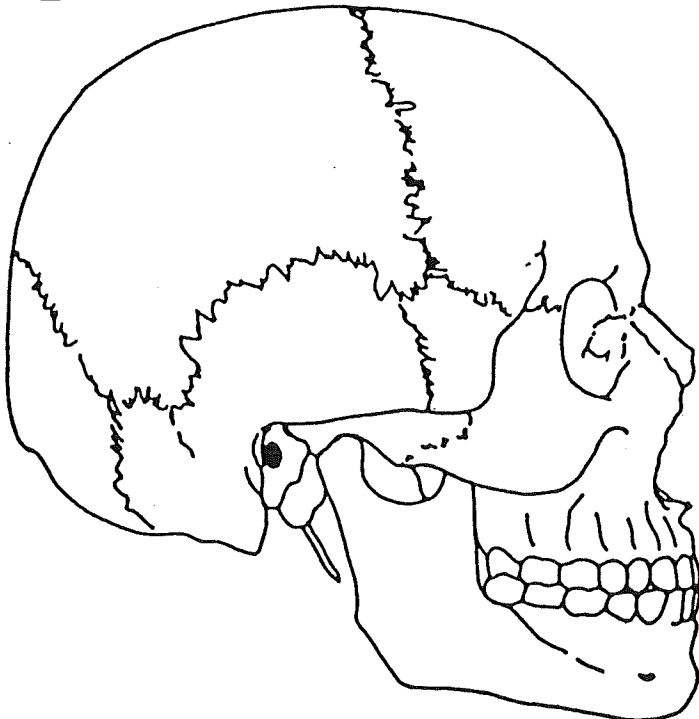
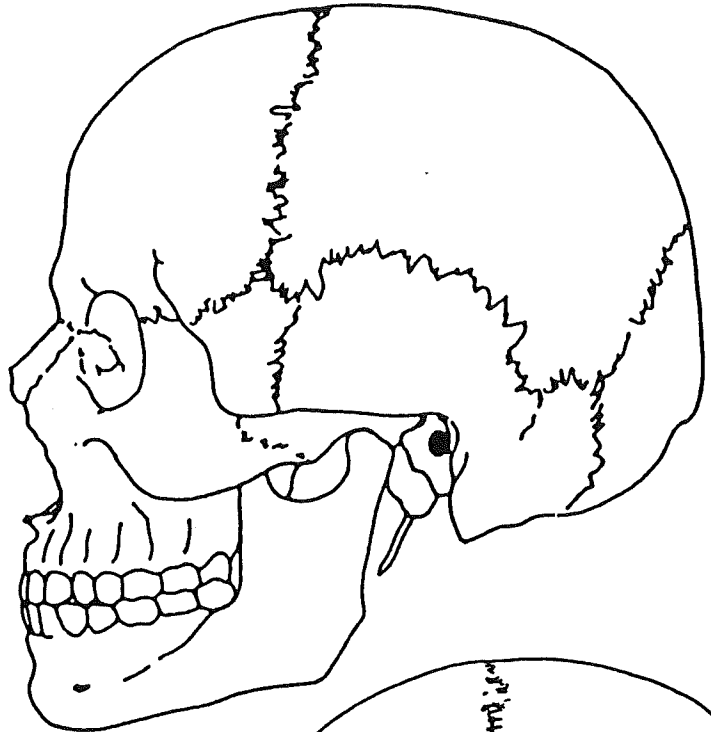
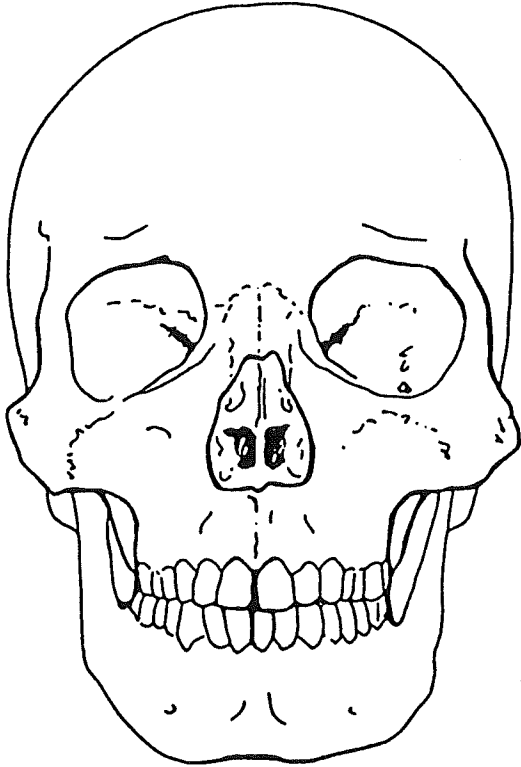
(305) 545-2400

FAX (305) 545-2418

Skull: lateral, anterior, and posterior views.

Name _____ Medical Examiner Case Number _____

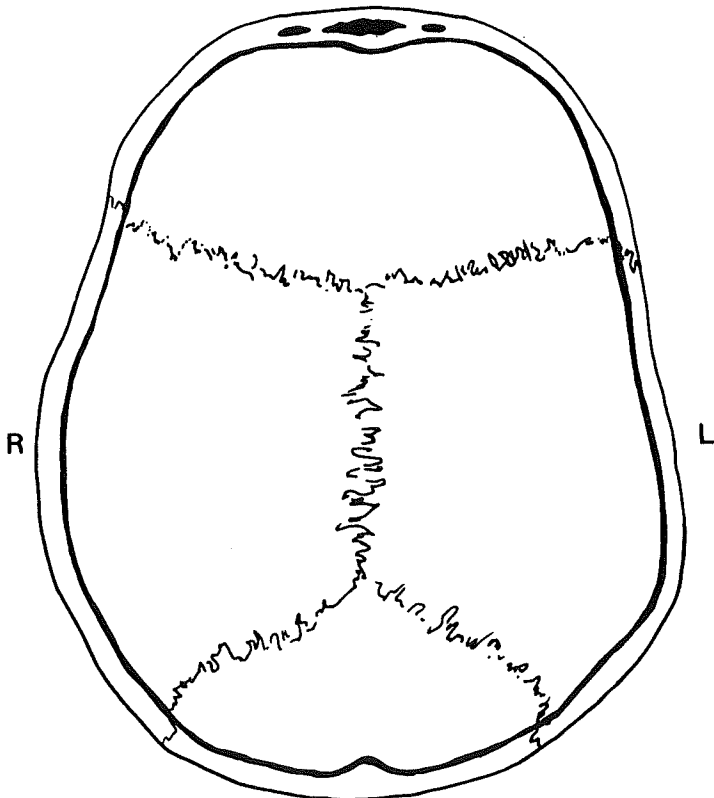
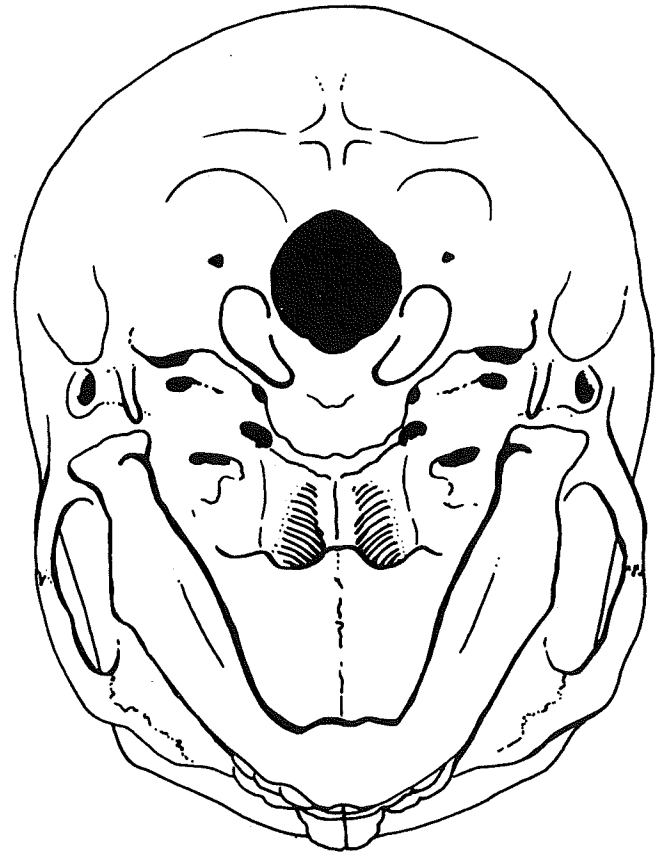
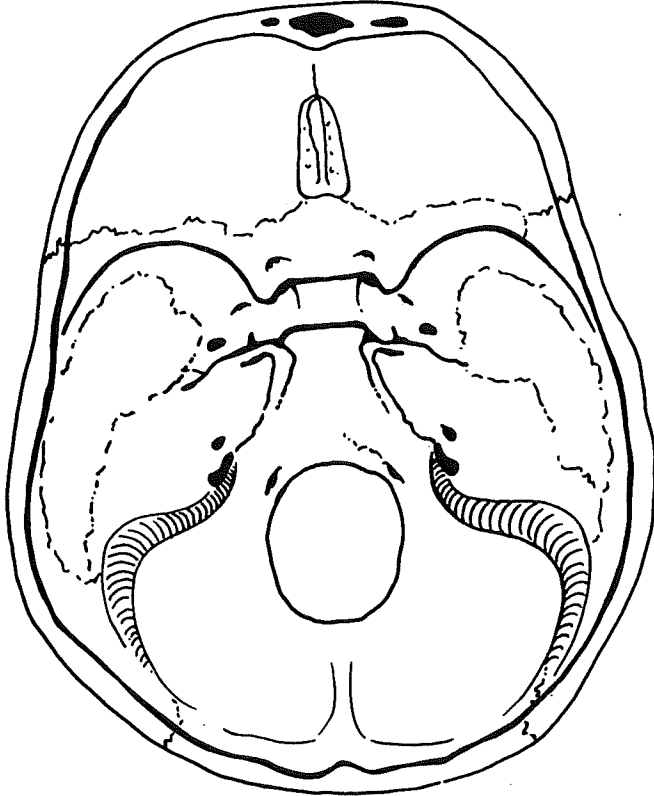
Age _____ Race _____ Sex _____ Date _____ / _____ / _____
M D YR



Skull: base and interior views. (plus calvarium).

Name _____ Autopsy No. _____

Age _____ Race _____ Sex _____ Date / /





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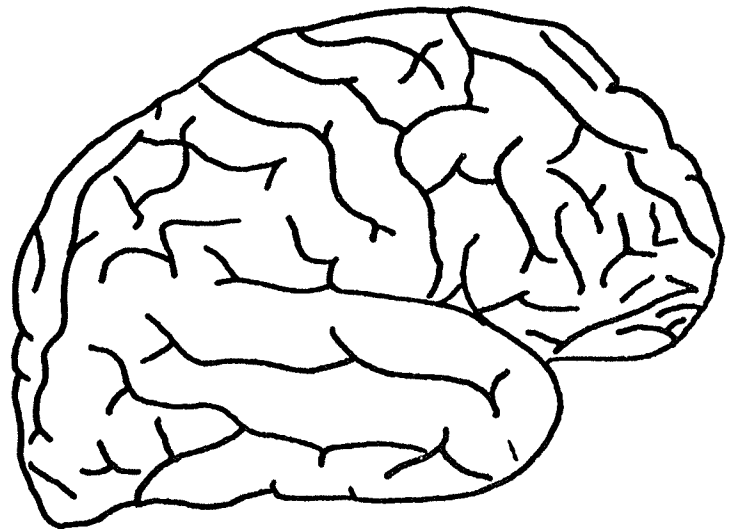
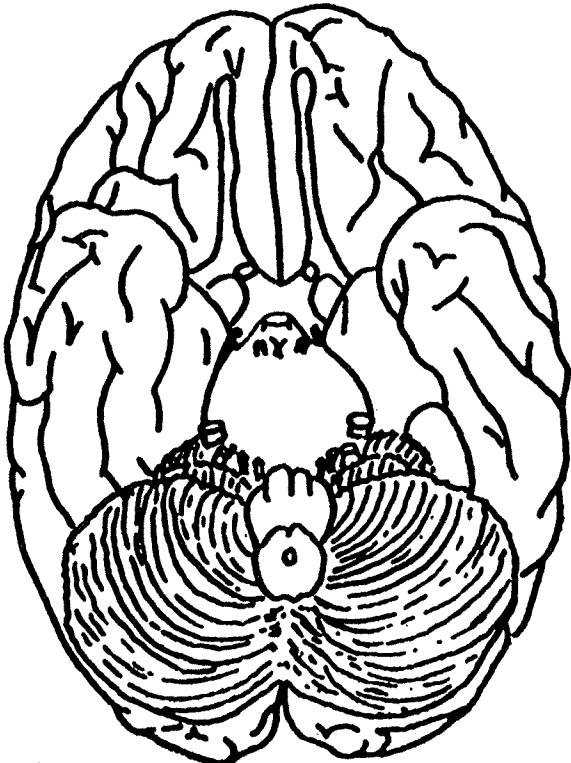
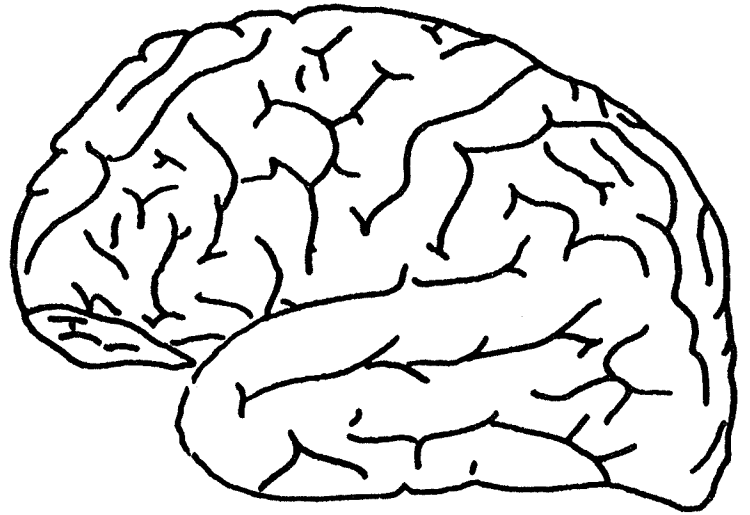
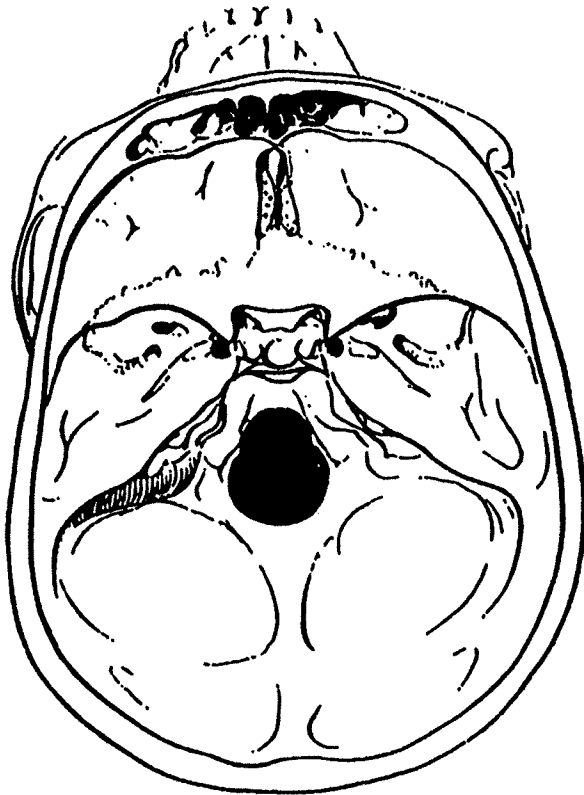
BRAIN AND SKULL BASE

NAME _____

CASE NO. _____

AGE _____ RACE _____ SEX _____

DATE _____

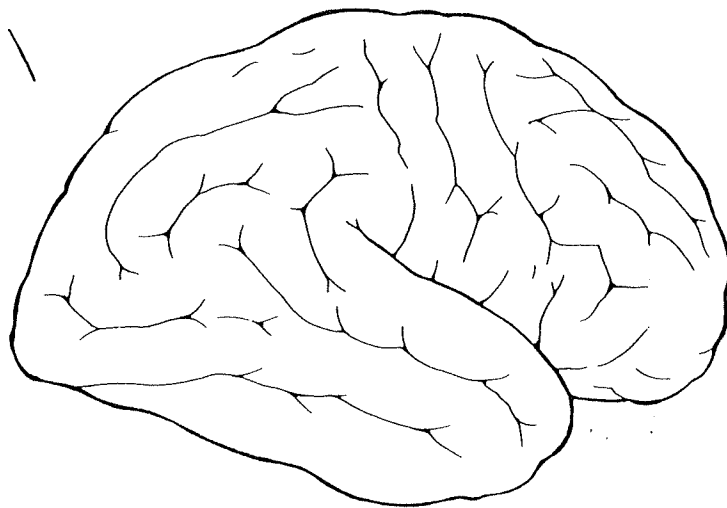
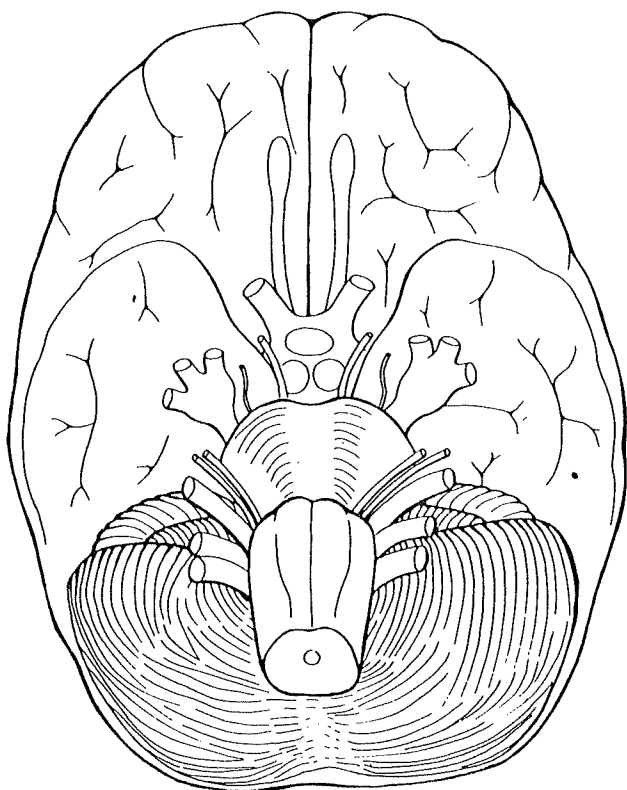
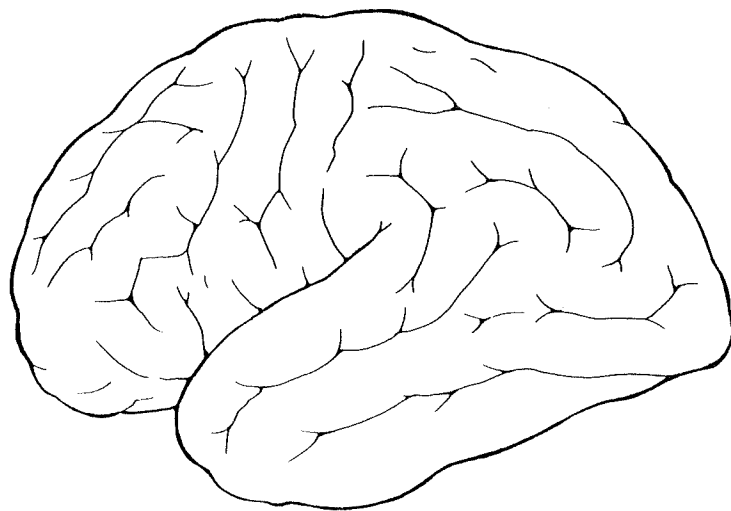
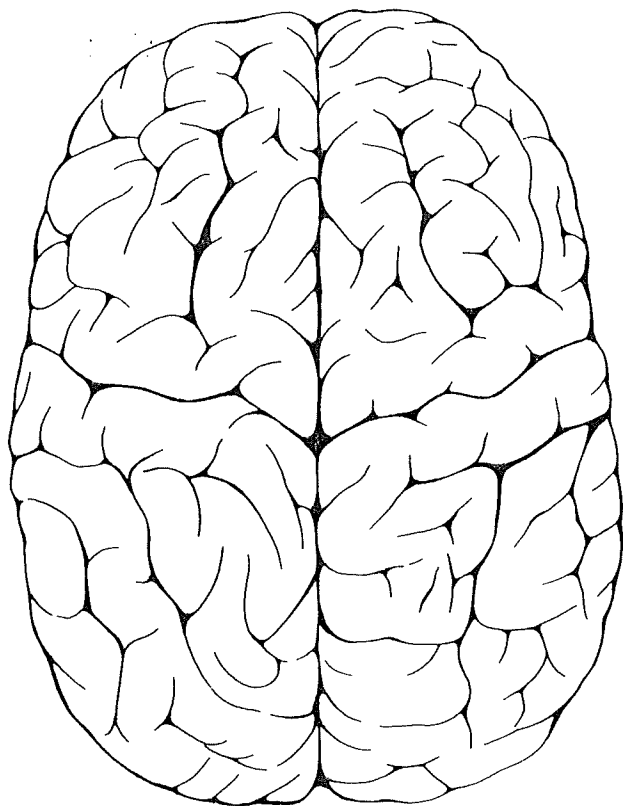


Brain, superior, inferior, and lateral views.



Name _____ Autopsy No. _____

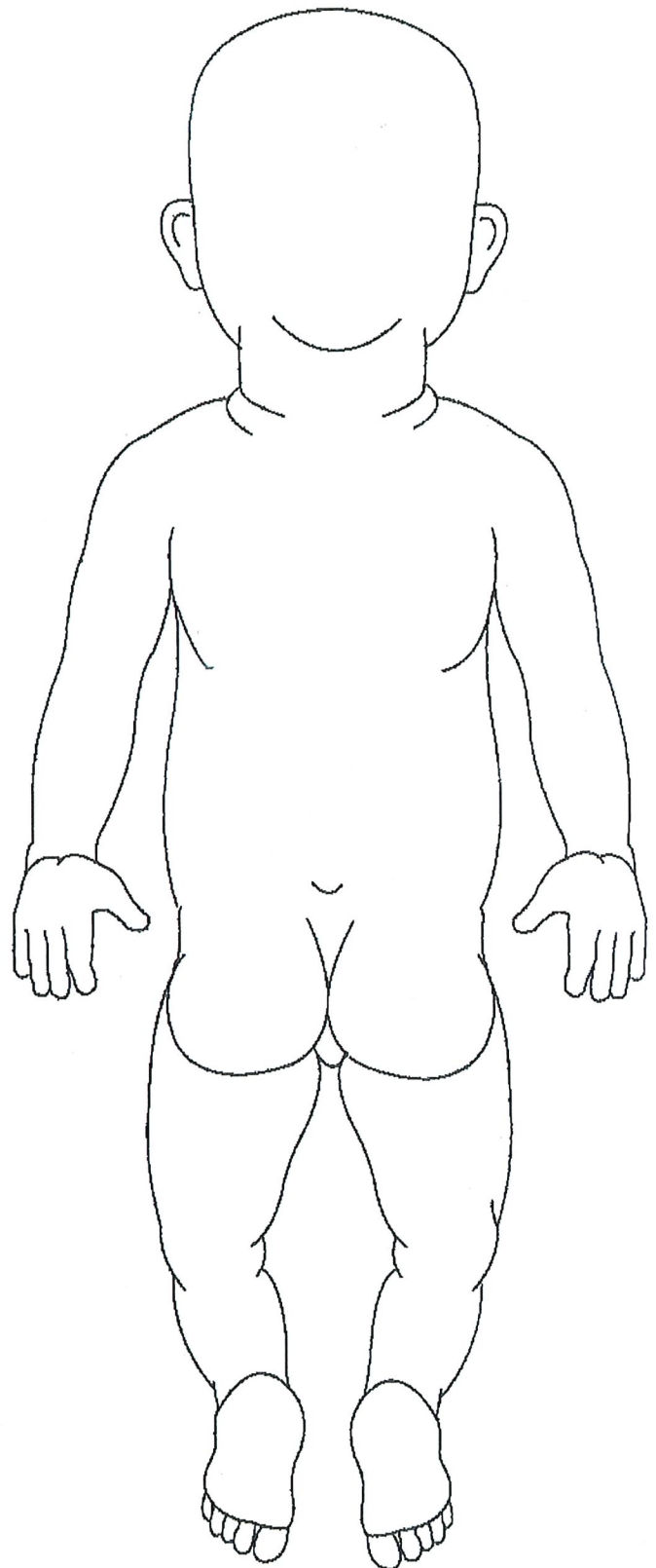
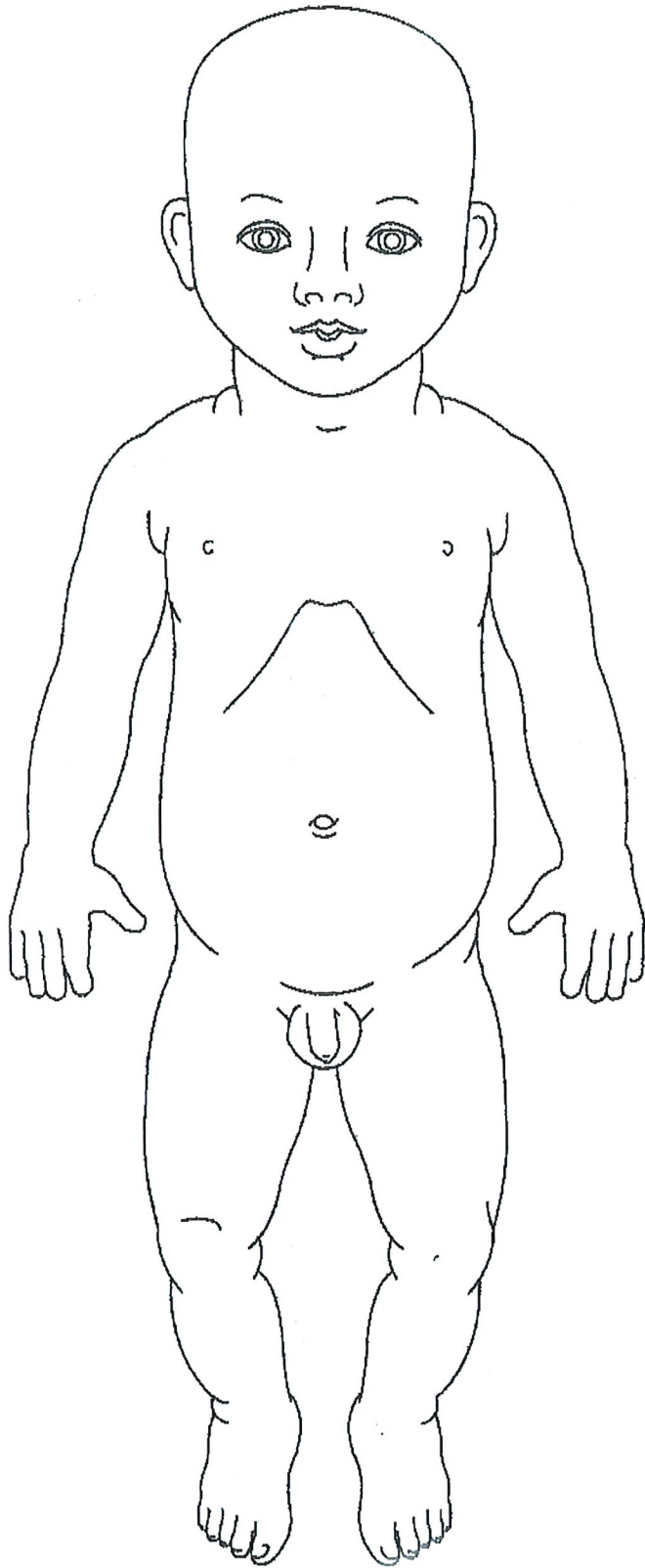
Age _____ Race _____ Sex _____ Date / /





Miami-Dade County Medical Examiner Department

Body Diagram

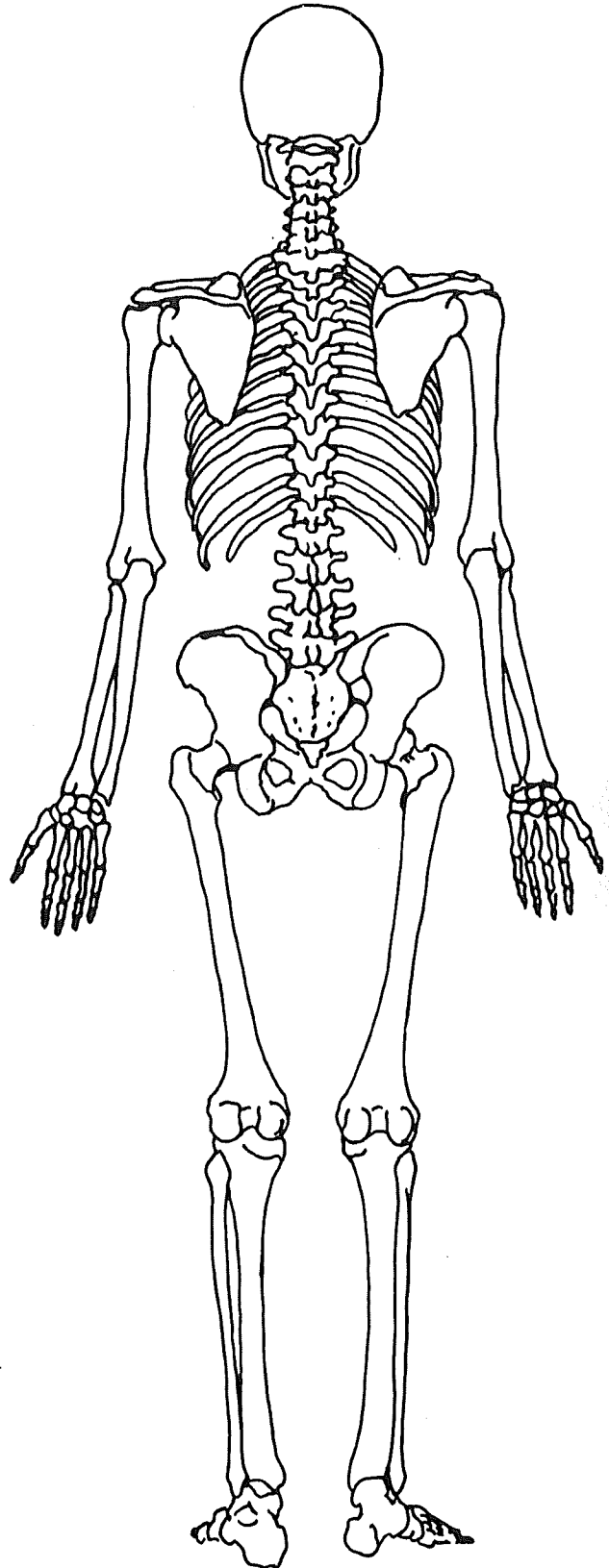
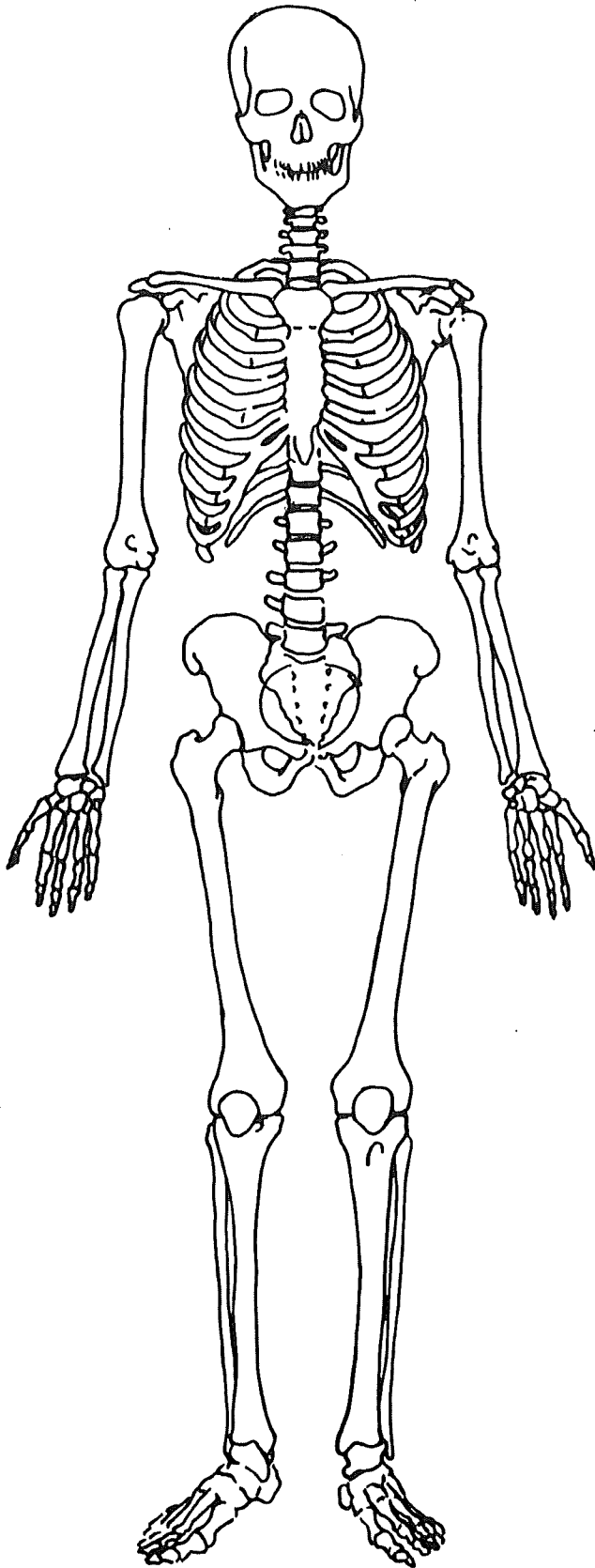


Skeleton, anterior and posterior views.



Name _____ Autopsy No. _____

Age _____ Race _____ Sex _____ Date / /





MIAMI-DADE COUNTY MEDICAL EXAMINER DEPARTMENT

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(305) 545-2400
FAX (305) 545-2418

(BAR CODE LABEL)

LAST NAME - FIRST NAME - MIDDLE INITIAL (or unknown number)
Age Race Sex

Medical Examiner Case Number
Date

WINID Abbreviations (Enter WinID codes ONLY - see other side for NCIC codes)
Primary Codes (Must be in sequence "MODFL") Secondary Codes
M Mesial O Occlusal D Distal A Annotation B Deciduous G Gold
F Facial L Lingual I Incisal T Denture Tooth P Pontic Z Temp/ or Caries
U Unerupted X Missing J Missing/Post Mort H Porcelain E Resin C Crown
/ (No Data) V Virgin (or root only-no crown) N Non-Precious S Silver Amalgam R Root Canal

ANNOTATIONS: (Any use of "A" must be accompanied by a notation on this chart together with the tooth number)
WinID standard notations are: Narrative Record Date: X-Ray Date:
Abrasion Apico Cong Miss Cyst Hemisect Impaction Implant
Ortho Pedo Pin Post Resorb Retainer RetroFill
Root Tip RPD Sealant Silver Pt SuperNu Temp

Table with 16 columns and 16 rows for dental charting. Includes labels for WinID, FDI, UNIV, UPPER RIGHT, LOWER RIGHT, UPPER LEFT, LOWER LEFT, UNIV, FDI, and WinID.

Odontologist: (Print Name and Sign)
License #