

DENTAL IDENTIFICATION SUMMARY REPORT

NAME OF DECEASED: _____ BODY NUMBER: _____

RANK: _____ SEX: _____ RACE: _____ AGE: _____ SSN: _____

EXAMINERS: _____ DATE: _____ PLACE: _____

**COMPARISON OF ANTEMORTEM AND POSTMORTEM DENTAL RECORDS AND RADIOGRAPHS REVEAL
CONCORDANCE ON TEETH NUMBER (DESCRIBE FEATURE)**

- | | |
|-----------|-----------|
| 1. _____ | 17. _____ |
| 2. _____ | 18. _____ |
| 3. _____ | 19. _____ |
| 4. _____ | 20. _____ |
| 5. _____ | 21. _____ |
| 6. _____ | 22. _____ |
| 7. _____ | 23. _____ |
| 8. _____ | 24. _____ |
| 9. _____ | 25. _____ |
| 10. _____ | 26. _____ |
| 11. _____ | 27. _____ |
| 12. _____ | 28. _____ |
| 13. _____ | 29. _____ |
| 14. _____ | 30. _____ |
| 15. _____ | 31. _____ |
| 16. _____ | 32. _____ |

REMARKS: _____

FINDINGS (CIRCLE ONE) *POSITIVE IDENTIFICATION* *CONSISTENT WITH* *UNIDENTIFIED*

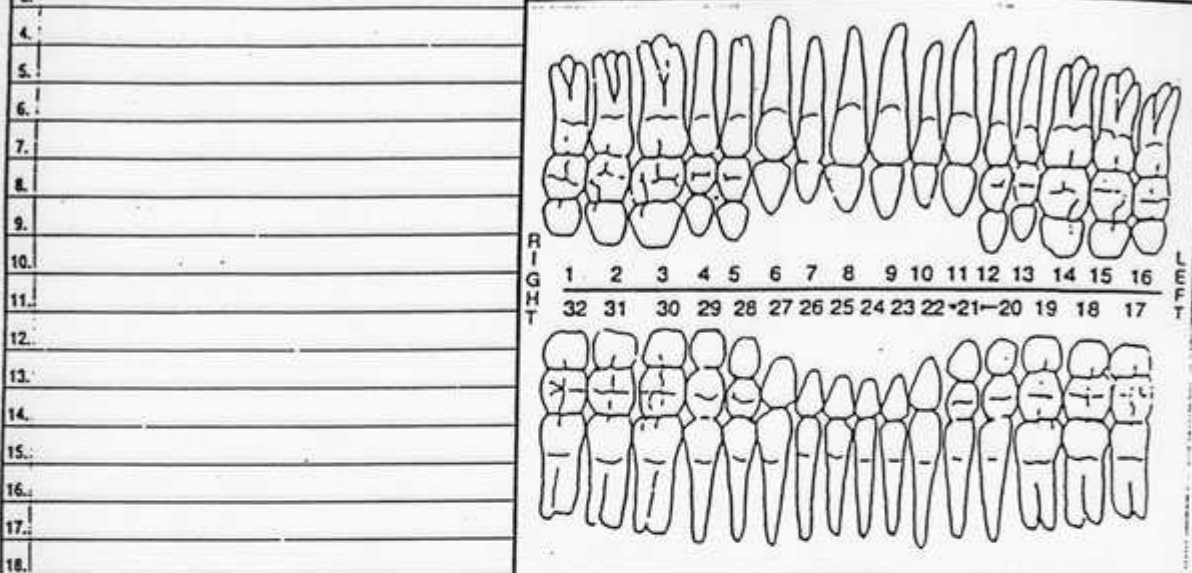
SIGNATURE OF EXAMINERS: _____

FINDINGS CONFIRMED BY: _____ (DENTAL TEAM LEADER)

POSTMORTEM DENTAL RECORD

I.D. NUMBER	LAST NAME	FIRST NAME	MI	SEX
				M F

COMPUTER/DESCRIPTION CODES	ESTIMATED AGE	RACE (Circle one)
1. _____	DATE OF POSTMORTEM 	C - Caucasoid N - Negroid M - Mongoloid U - Undetermined
2. _____		



CAPMI SYMBOLS	
PRIMARY CODES	SECONDARY CODES
C CROWN	A ANOMALY, ROOT TIP, ANY PATHOLOGY
D DISTAL	B PRIMARY TOOTH
F FACIAL	G GOLD, CAST METAL, STAINLESS STEEL
L LINGUAL	N NON-METALLIC RESTORATION
M MESIAL	P PONTIC
O OCCLUSAL/INCISAL	R ROOT CANAL FILLING
U UNERUPTED	S SILVER AMALGAM
V VIRGIN TOOTH	T REMOVABLE PROS
X MISSING TOOTH	Z CARIES
/ JAW FRAGMENT	
MISSING, NONRECOGNIZABLE, FRACTURED CROWN, TRAUMATIC AVULSION	

REMARKS _____ _____ _____ _____	X-Ray Type: _____ Date: _____
	X-Ray Type: _____ Date: _____
	X-Ray Type: _____ Date: _____
	Examiners: _____

