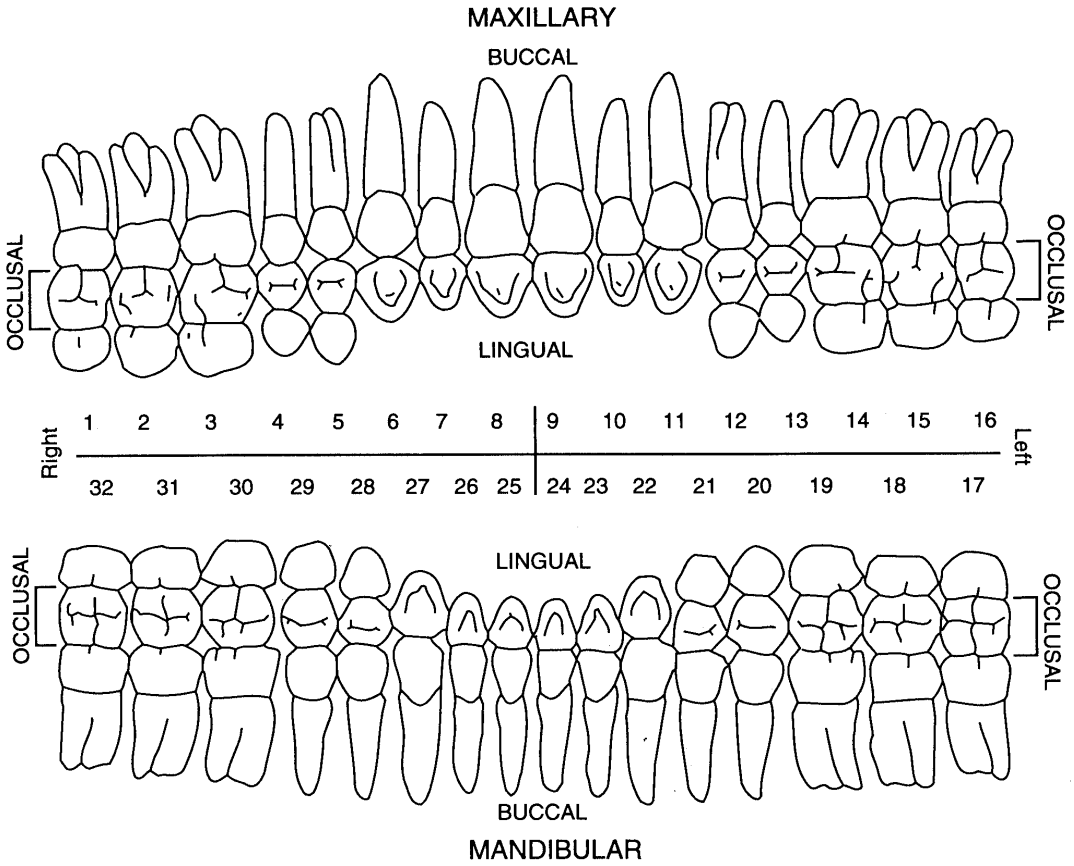
POSTMORTEM DENTAL RECORD

ID No.	Last name	First name	MI	Sex	Est. Age	Race	Date of Postmortem
				M F		C M N U	



Computer Description Codes

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:

WinID Symbols

PRIMARY CODES		SECONDARY CODES	
C	CROWN	A	ANOMALY
D	DISTAL	B	PRIMARY TOOTH
F	FACIAL	E	RESIN
I	INCISAL	G	GOLD
J	MISSING/TRAUMA	H	PORRCELAIN
L	LINGUAL	N	NONGOLD METAL
M	MESIAL	P	PONTIC
O	OCCLUSAL	Q	¾ CROWN
U	UNERUPTED	R	ROOT CANAL
V	NONRESTORED	S	SILVER AMALGAM
X	EXTRACTED	T	DENTURE TOOTH
/	NO INFORMATION	Z	TEMP FIL/CARIES

X-Ray type: _____ **Date:** _____

X-Ray type: _____ **Date:** _____

X-Ray type: _____ **Date:** _____

Examiners: