OFFENDER DEATH SUMMARY

(Date)

Offender Name:
TDCJ #:
Date of Admission:
Date of Incarceration:
Date and Hour of Death:
Facility of Assignment:
Place of Death:

Reviewer:

Brief Summary of Medical History and Physical Examination:

Outpatient Course:

Emergency Room Visit(s):

Inpatient Course(s):

Current Medications:

Terminal Event:

Autopsy Findings:

____________________________________________________
Signature