

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:

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Brief Summary of Medical History and Physical Examination:

Outpatient Course:

Emergency Room Visit(s):

Inpatient Course(s):

Current Medications:

Terminal Event:

Autopsy Findings:

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Signature