



Elective Delivery Reservation Form

Surgery Scheduling
Phone# 270-796-5127 Fax# 270-745-1888
LDoffice@mchealth.net

Directions:

1. An obstetrician/CNM must complete and sign this form. Fax this form to Surgery Scheduling to request a procedure reservation for an elective induction or cesarean. **No reservation without this form.**
2. Surgery Scheduling will not accept reservation requests for inductions earlier than two weeks prior to requested date nor cesareans earlier than 28 weeks' gestation.
3. Surgery Scheduling will contact the provider's office to confirm/reschedule the reservation. Forms that are not thoroughly completed will delay establishing your reservation. Reservations may be rescheduled based on medical indication priority.
4. L&D may notify you of cancellation and reschedule if prior to 39 weeks' gestation without a medical indication that meets hospital policy.
5. Email prenatal records to MCH Labor& Delivery

Delivery Procedure: Induction Primary Cesarean Repeat Cesarean Tubal Salpingectomy TOLAC

Performing Provider: _____

Requested Procedure Date/ Time: _____ 2nd choice Date/ Time: _____

EDC: _____ EGA as of Requested Procedure Date: _____ weeks

Contact Name: _____ Office Phone #: _____

Patient Information

Patient Name: _____ SS: _____

DOB: _____ Phone # _____ Gravida/Para: _____ GBS Status: _____

Pediatrician: _____ Insurance Carrier: _____

Provider Information

Medically Indicated* Elective

****If medically indicated, circle indication. THIS MUST BE SUPPORTED IN YOUR PRENATAL RECORD.****

Blood Disorder	Oligohydramnios	Prior Classical Cesarean
Late/Post Term (>41 weeks)	Placenta Previa	Pre-eclampsia (mild, mod, severe)
Malpresentation	Polyhydramnios	Pre-existing/ Gest. Diabetes
Multiple gestation	(Suspected) Poor Fetal Growth	Pre-existing/ Gest. Hypertension
History of Stillbirth	Acute Cholecystitis	Liver/biliary tract disorders

Other: _____

Circle Orders:

Routine Cytotec OB Pitocin Orders Routine OB Labor Orders Routine PIH Labs OB Pre-OP

First dose @ _____ Start Pitocin @ _____

Cytotec Orders: Cytotec _____ mcg PO every _____ hours x _____ doses,

Additional orders: _____

Provider Signature: _____ **Date/ Time:** _____

L&D Signature: _____ **Date/ Time:** _____

OB Dept. Chair Signature: _____ **Date/ Time:** _____

Note: This form is a permanent part of the electronic medical record and will be located in the Orders module.

