

## DELIVERY SCHEDULING FORM

Requesting Provider \_\_\_\_\_ TIN \_\_\_\_\_

Performing Surgeon (if different, for Cesarean) \_\_\_\_\_

Facility Name \_\_\_\_\_ TIN \_\_\_\_\_

Member's Name \_\_\_\_\_ Member ID# \_\_\_\_\_

Member's Age \_\_\_\_\_ Gravida/Parity \_\_\_\_ / \_\_\_\_

Requested Procedure Date \_\_\_\_\_ Gestational Age on date of Procedure \_\_\_\_\_

Method of Delivery Planned:      Induction / Induction Method: \_\_\_\_\_  
 Cesarean delivery:    Primary or    Repeat

**Confirmation of Gestational Age:**

EDD: \_\_\_\_\_ determined by: *check all that apply*

- Certain LMP: EDD by LMP \_\_\_\_\_ (corroboration needed, select below)
- US obtained at < 22 weeks on \_\_\_\_\_ (date) at \_\_\_\_\_ (week+day) confirms gestational age
- Known date of conception on \_\_\_\_\_ (date) associated with infertility treatment
- +hCG for 36 weeks
- Suboptimal dates: Best EDD: \_\_\_\_\_ Determined by: \_\_\_\_\_

**Reasons for Scheduled Delivery: *Check all appropriate indications below***

**Level I (< 39 weeks)**

- Abrupton
- Blood group incompatibility
- Chorioamnionitis
- Cholestasis of pregnancy
- Diabetes on meds (poor control or vascular disease)
- Fetal Compromise (IUGR, oligohydramnios, congenital anomalies, abnormal antenatal testing)

Fetal Demise

- HIV infection
- HTN (chronic, gestational, preeclampsia, HELLP Syndrome)
- Multifetal Gestation
- Placenta Previa/Accreta
- PROM
- Uterine Scar on Upper Segment

**Level II (< 39 wks, case by case)**

Add'l documentation needed  
 **Other indication (write in):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Additional Notes:**

\_\_\_\_\_

Form Completed by: \_\_\_\_\_ (Print Name)     Date: \_\_\_\_\_

Signature: \_\_\_\_\_