

17P Order Form

Please complete and send to Lynda Dixon so she can complete HROB orders, order the 17P and assign to Geo team – Thanks!

FAX to HROB Clinic 350-8091

Name								
DOB								
WCHS #								
WakeMed #								
Address								
Phone Number								
EDC								
Gravida:		Para		Term	Pre-T	SAB	TAB	Living
Number of preterm births / Earliest del.								
Weeks gestation patient will begin 17P for current pregnancy (needs to start by 24 weeks)								
17P started by Clinic G or HROB /date								
Meets Criteria for Medicaid: a) History of a preterm delivery before 37 weeks b) No preterm labor in the current pregnancy c) No other risk factors for preterm labor including but not limited to: multiple gestations, short cervical length, or positive tests for cervicovaginal fetal fibronectin.								
Meets criteria for free supply: a) No twins b) Cerclage okay								
History of previous singleton spontaneous preterm birth between 20 ⁰ and 36 ⁶ weeks gestation								
Ordering Provider								
Lynda will complete remainder of the form:								
Order 5ml or 10ml vial?								
Team								
Team Notified								
Connie and Gina Notified								
Date of delivery / Wks. Gestation / Infant's weight								
Other factors:								

Revised - 2009