



# Elective Repeat C-Section Referral Form

FAX TO UNC OB CLINIC AT 984-974-9023

Patient Name: \_\_\_\_\_

Referring Provider: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Referring clinic: \_\_\_\_\_

UNC MRN: \_\_\_\_\_

Referring clinic fax: \_\_\_\_\_

Please complete this form for a patient with a history of a C-section who is planning an Elective Repeat C-Section (ERCS) at UNC Women’s Hospital. The purpose of this form is to ensure that providers at UNC have reviewed the dating criteria for the pregnancy, have access to the operative report for surgical planning, and have arranged consultation for high risk of uterine rupture or perioperative complications.

## Elective Repeat C-Section (ERCS) worksheet

### Dating Criteria

LMP: \_\_\_\_\_

EDD: \_\_\_\_\_

US: \_\_\_\_\_ weeks

LMP: \_\_\_\_\_

EDD: \_\_\_\_\_

US

“Best” EDD  
\_\_\_\_\_

### Clinical Information

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ BMI: \_\_\_\_\_ Number of prior C-Sections: \_\_\_\_\_

### Please confirm the following:

- The patient is not a candidate for TOLAC

OR

- Possibility of TOLAC has been discussed with patient
- Patient articulates desire for an Elective Repeat C-section

### Documents attached

- Prenatal record, including all labs and ultrasound reports not documented in the UNC EMR

Operative report

- Copy of operative report for most recent Cesarean section attached
- Patient’s most recent C-section was performed at UNC
- Operative report is not available

Referring provider signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Request to UNC providers

- Patient with prior C-section desires Elective Repeat C-section.  
**Please schedule consultation prior to 36 weeks.**
  
- Patient at high risk of uterine rupture: (Prior classical, T or highly transverse incision; Prior uterine rupture; Myomectomy with extensive transfundal uterine surgery)  
**Please schedule OB consultation prior to 30 weeks.**

### Scheduling:

Please schedule for OB consultation

OR

Consultation has been scheduled

Call 984-974-2131 to schedule

**Please fax this form with the prenatal record, dating ultrasound and operative report to the UNC Hospital Obstetrics Clinic at 984-974-9023.**

Completed form faxed back to referring clinic on date: \_\_\_\_\_