



UNC Post-Term Induction Scheduling

TEL: 984-974-3422

FAX: 984-974-8837

Date: _____

Referring Clinic: _____

Referring Provider: _____

UNC MRN: _____

Patient Phone: _____

Gravida: _____ Para: _____

Prior C-Section? Yes* _____ No _____

****if prior cesarean, refer for consultation****

Cervical Exam: _____

Dating Criteria

LMP: _____ EDD by LMP: _____

US: _____ EDD by US: _____

Assigned EDD: _____

Requested induction date (Between 41-42 weeks): _____*

**Please schedule NST/AFI with UNC Ultrasound for any patient >41 weeks. Tel. 984-974-6094*

For UNC Use ONLY:

Request Received: Date: _____ RN: _____

_____ Induction of labor scheduled. Date: _____ Time: _____

_____ Please refer to UNC for consultation. Patient may call 984-974-2131.