

SECTION C. LABOR AND DELIVERY SUMMARY

I

II

CLINICIAN

OB DESIGNEE

g. Type of Cesarean Section: (CIRCLE ONLY ONE)

- Low Vertical.....1
- Low Transverse.....2
- Classical.....3
- Other.....4

(SPECIFY)

Don't Know.....5

h. Date Cesarean Section Began (approximate time of incision)

___/___/___
M D Y

i. Time Cesarean Began

___ : ___ AM.....1
PM.....2

j. Date Cesarean Section Ended (approximate time of closure)

___/___/___
M D Y

k. Time Cesarean Ended

___ : ___ AM.....1
PM.....2

g. Type of Cesarean Section: (CIRCLE ONLY ONE)

- Low Vertical.....1
- Low Transverse.....2
- Classical.....3
- Other.....4

(SPECIFY)

Not Recorded.....5

h. Date Cesarean Section Began (approximate time of incision)

___/___/___
M D Y

i. Time Cesarean Began

___ : ___ AM.....1
PM.....2

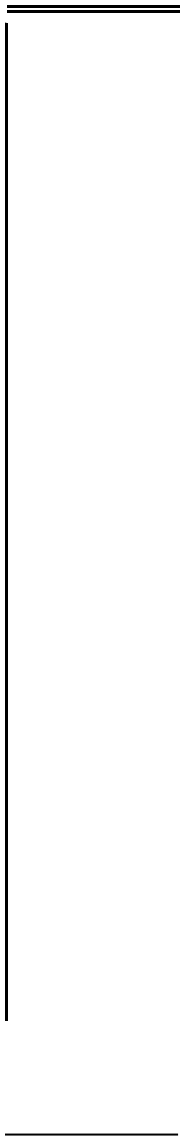
j. Date Cesarean Section Ended (approximate time of closure)

___/___/___
M D Y

k. Time Cesarean Ended

___ : ___ AM.....1
PM.....2

PROMPT: SKIP TO C15



|

|