

- Name:
- MRN:
- UHID:
- Age: 26 y.o. DOB: 1/1/1998 Sex: female
- Phone Number:

- Country Of Origin:

- A.F Submission date:

**Surgery Information (418361)**

Surgery Date: 2/10/2024	
Cesarean Delivery Including Postpartum Care, With Or Without Hysterectomy - [59515 (Cpt®)] - N/A	
Surgeon(s): Dr OB S-GYN	
Service: Obstetrics	Anesthesia Type: Spinal
Patient Class Inpatient	

**Diagnosis (ICD10):**

Failed induction of labor  
175583

**Admission Information**

Admission Service:	
Obstetrics Expected Length of Stay: 3	Room and Bed Request: NA

**High Dollar Supplies:**

Are there any Prosthesis, Medical Supplies, Laparoscopic Instruments, Stent, Apparatus?: No

**Order and Preadmission Testing**

Medical Test/Images: No Tests or Images Requested

Transfusions: N/A

## MPI History

Action Date	(NO	Old ID	Validity	New ID	Unmerged ID	Action Type	User	Source ID
28/06/2024 06:35 PM	ZEROS)					NEW		
13/09/2018 07:24 AM	ENTERPRISE ID NUMBER					NEW		
13/09/2018 07:24 AM	AUB MRN					NEW		