

- **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		