

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]
[Healthcare Provider's Name]
[Healthcare Facility's Name]
[Facility Address]
[City, State, ZIP Code]

Dear [Healthcare Provider's Name],
Re: VBAC Consent for [Your Full Name]

I, [Your Full Name], am writing to formally express my consent and desire to pursue a Vaginal Birth After Cesarean (VBAC) for my upcoming delivery, scheduled for [due date]. After discussing the potential risks and benefits with my healthcare provider, I feel informed and prepared to make this decision.

I understand that while a VBAC can be safe and beneficial, it also carries certain risks, including the potential for uterine rupture or other complications. I acknowledge that I am making this choice based on the information provided to me regarding my medical history and my previous cesarean delivery.

I agree to follow all medical advice and recommendations to ensure the best possible outcome for my labor and delivery.

Thank you for your support and care in this matter.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Date of Birth]