



Authorization for Delivery Following a Previous Cesarean Delivery

- ☐ I have read *Delivery Following a Previous Cesarean Delivery*.
- ☐ I understand what has been discussed with me, including this form. I have been given the chance to ask questions and have received satisfactory answers.
- ☐ No guarantees or promises have been made to me about expected results of this pregnancy.
- ☐ I know that anesthesiologists, pediatricians, and other clinical staff may help my doctor or midwife.
- ☐ I retain the right to refuse any specific treatment.
- ☐ All of my questions have been answered.

I have chosen to attempt a trial of labor and vaginal delivery. Ongoing discussion(s) about my current status and the recommended steps will be a part of my care.

Printed Patient Name

Patient Signature

Date/Time

Printed Physician Name

Physician Signature