Letter for Surgery:

[DATE]

Patient Name:[NAME OF PATIENT]

Patient DOB: 00/00/0000

Dear Dr. [surgeons name],

[NAME OF PATIENT] is a patient of mine since [date of first visit]. I am writing this letter in support of [NAME OF PATIENT] undergoing [TYPE THE NAME OF THE SURGERY]

[metoidioplasty/vaginoplasty/phalloplasty/hysterectomy/oophorectomy/orchiectomy/bilateral reduction mammoplasty with chest reconstruction/ breast augmentation]. This is a medically necessary procedure.

[NAME OF PATIENT] experiences persistent gender dysphoria, and I am in support of this gender-confirming surgery as the next step in their transition process. I have determined that [NAME OF PATIENT] has capacity to make informed consent around gender-affirming surgery.

[Please provide relevant psychiatric history here including diagnosis, recent hospitalizations or suicide attempts, whether their symptoms are well controlled, and why the client is ready for surgery at this time in your opinion]

Their current medical hormone regimen includes [insert currently prescribed hormone] which they have been taking since [insert hormone start date].

OR

They are currently not taking hormones because they are contraindicated by the diagnosis of [insert diagnosis].

Please call me at (111) 111-1111 with any questions or to arrange follow-up care.

Sincerely,

[NAME OF PROVIDER]

[LICENSE NUMBER]