Letter for Gender Marker Change:

[DATE]

RE: [PATIENT NAME]

Birth date: 00/00/0000

SS#: 111-11-1111

To Whom It May Concern:

I, [NAME OF PROVIDER] , am the provider of [NAME OF PATIENT], with whom I have a doctor/patient relationship, and for whom I provide psychiatric treatment.

In my medical opinion, [NAME OF PATIENT] is a woman. [NAME OF PATIENT] has had appropriate clinical treatment and has successfully completed her transition from male to female.

When [NAME OF PATIENT] is identified in a manner on her passport, driver’s license and social security records in a way that does not accurately reflect her gender, it causes confusion and bias, leading to unnecessary stressors for my patient. Correctly identifying [NAME OF PATIENT] as female will alleviate unnecessary mental distress and improve the patient’s mental health.

I declare under penalty of perjury under the laws of the United States that the forgoing is true and correct.

Sincerely,

[NAME OF PROVIDER]

[LICENSE NUMBER]