

SAMPLE CLEARANCE LETTER FTM SRS PHALLOPLASTY

Date

Re: DOB:

Dear Dr. :

(Client name) has been a client of (your organization) from (date) to (date). Mr has a longstanding and well-documented Gender Dysphoria. He notes he first knew his assigned sex differed from his gender identity at age. He has been living consistently as a man and on hormones since (date). He has had (list previous surgeries here or delete this line). To further his transition, he has changed his name and gender on the appropriate documents (if not, delete this line).

I met with Mr for an independent mental health evaluation on (date). It is my clinical opinion that he fits the criteria for Gender Dysphoria of Adulthood (ICD-9 302.85). Although hormone therapy has helped (name) feel more aligned in his identity, his symptoms of Gender Dysphoria have persisted. He reports symptoms of anxiety, which he feels are exacerbated by the Dysphoria. He relates much of his Gender Dysphoria to his genitalia. Mr has expressed a persistent desire for a (phalloplasty) since (date/establishing care with us). His friends and family are supportive of his decision to move forward with his transition. He is stably housed in (city) and has a plan for post-operative recovery. I believe (name) would benefit greatly both medically and psychologically from a (Phalloplasty).

Additionally, Mr is psychologically stable for surgery. There is no evidence of any symptoms of psychosis or disturbances in personality. He does not smoke cigarettes or drink alcohol, and he has no history of drug abuse.

Mr has met the WPATH SOCv7 criteria for surgery. I have discussed risks, benefits, limitations and alternatives of surgery with him – including the implications for his sexual and reproductive health, and I feel he has an excellent understanding, given his persistent desire for a (phalloplasty); I have assessed her readiness for surgery and have decided to fully support his decision to move forward. I hereby recommend and refer Mr for this surgery. Please feel free to contact me with any questions or concerns at (phone #).

Sincerely,

(your name and credentials here)

LCS

NPI