

SAMPLE CLEARANCE LETTER

MTF VAGINOPLASTY SRS

Date

Re: DOB:

Dear Dr. :

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

I met with Ms for an independent mental health evaluation on (date). It is my clinical opinion that she fits the criteria for Gender Dysphoria of Adulthood (ICD-9 302.85). Although hormone therapy has helped (name) feel more aligned in her identity, her symptoms of Gender Dysphoria have persisted. She reports symptoms of anxiety, which she feels are exacerbated by the Dysphoria. She relates much of her Gender Dysphoria to her genitalia. Ms has expressed a persistent desire for a (vaginoplasty/labiaplasty) since (date/establishing care with us). Her friends and family are supportive of her decision to move forward with her transition. She 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 (vaginoplasty/labiaplasty).

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

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

Sincerely,

(your name and credentials)

LCS

NPI