

SAMPLE TEMPLATE FOR SURGERY

To *****(surgeon's name)*****,

I have been following *****patient***** since *****/**/***** and their last appointment with me was on *****/**/*****. I am currently *****patient's***** primary care physician and am currently prescribing *****hormone***** for medial gender transition purposes from ******* to *******. I have been prescribing *****hormone***** since *****/**/*****.

As you know, *****patient***** is a healthy ***** year old ***female/male***** to *****female/male***** transgender *****man/woman***** who has been on *****hormone***** since *****/**/***** for medical transition purposes. *****patient***** has done quite well and has been happy with the results that *****pronoun***** has achieved with *****hormone*****.

However, because of the continued presence of *****breasts/ovaries/vagina/testicles/penis***** and lack of *****flat chest contour/penis/scrotum/testicles/breasts/vagina*****, *****patient***** has significant gender dysphoria and distress which impair function. *****Patient***** would benefit greatly from *****type of surgery planned*****. *****Patient***** is fully aware of the *****fertility consequences***** as well as the fact that a *****this procedure***** is not reversible. *****Patient***** has fully socially transitioned to *****gender***** and a *****procedure***** is a medically necessary part of *****patient's***** medical transition.

Without hesitation, it is my opinion that a *****procedure***** is the appropriate next step for *****patient*****.

Please do not hesitate to contact me with any questions.

Sincerely,

*****, MD ***/**/*****

*****This letter is just a basic template of what a letter for surgery might look like, some providers might want more documentation, explanation or diagnoses.*****