Date  
Patient Name  
Legal name, if different  
Date of birth

To Whom It May Concern,  
  
Regarding the above named patient:

I am a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ practicing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have worked with this patient since \_\_\_\_\_\_\_\_\_ and have seen them [FREQUENCY OF VISITS]. I am appropriately qualified to perform preoperative evaluations in accordance with the criteria described in the World Professional Association for Transgender Health (WPATH) Standards of Care 8th Version (SOC8). In the course of our patient-provider relationship, I have assessed them for readiness, appropriateness, and eligibility for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ surgery.

I have evaluated the above named patient and diagnosed them with Gender Incongruence and Dysphoria (F64.0) in line with DSM-5 criteria. They have received gender affirming hormone therapy since \_\_\_\_\_\_\_. *[Or indicate that the patient is unable to, or unwilling to take hormone therapy. If unable/unwilling to take hormone therapy and seeking gonad removal, please explain, including that the patient understands hormone therapy may be required after surgery*] Despite this treatment, they continue to experience severe gender dysphoria and emotional distress due to their body not fully aligning with their gender identity.

As a result of my assessment, I recommend \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ surgery as the next appropriate step to allow them to continue living in their true identified gender. Rectifying body incongruence is expected to provide marked relief of the anxiety and distress that they experience.

From a clinical standpoint, they have demonstrated an understanding of the impact of this surgical procedure(s). NAME is fully capable of making an informed decision about surgery, and is expected to follow and adhere to pre- and post-surgical treatment recommendations responsibly. NAME is emotionally and practically ready for this gender affirmation surgery, provided they are recommended for surgery by the surgeon after consultation. The patient has the following social supports in place:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and their recovery plan is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The patient has reasonable expectations with regards to surgical outcomes, and is prepared for the potential of complications or less-than-satisfactory results.

NAME has further diagnosed psychiatric or mental health history

NAME has a history of [list mental health/psychiatric history]. These conditions are managed via \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and are currently reasonably well controlled. I believe that the patient has adequate resilience and capacity to undergo this procedure, and cope with any potential complications. The patient IS/IS NOT linked to mental health care currently, and WILL/WILL NOT remain linked throughout the surgical process. Contact info for the patient’s mental health provider(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It is my clinical opinion that NAME meets the criteria for gender dysphoria (F64.0) and the requirements for the WPATH Standards of Care, version 8, and it is at this time medically necessary for this patient to undergo \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_surgery.

Sincerely,  
  
NAME  
Credentials  
Practice Name  
Contact info