

Corroborating letter for surgery referral – example

To Whom It May Concern:

I am a BH PROVIDER TYPE who has evaluated PATIENT (DOB). I evaluated PATIENT on DATE(S).

I have served in the capacity of an evaluative role only for PATIENT. I can verify that PATIENT does suffer from Gender Dysphoria (ICD-10 F64.9), is prepared for sex reassignment surgery, and has the psychological capacity to consent to and undergo this procedure.

I have reviewed the letter from PRIMARY REFERRAL PROVIDER, and have spoken with PROVIDER, and agree with [his/her] evaluation that PATIENT suffers from Gender Dysphoria (ICD-10 F64.9), lives and functions in a [masculine/feminine] role socially and psychologically, and it would be of great benefit to PATIENT for PATIENT to have reconstruction surgery to align [her/his/their] physiology with [her/his/their] psychological gender. PATIENT speaks of this decision consistently, thoroughly understands the risks and benefits of sex reassignment surgery, has reviewed and knows in detail what the preparation, procedures, and after-care entails. PATIENT is able to reason and weigh the risks and benefits of the procedure logically and able to give informed consent for this treatment.

If there are any concerns or questions regarding PATIENT, please fax me a signed release of personal health information, and contact me using the information on this letterhead.

Sincerely,

LETTER WRITER and CREDENTIALS