

MTF CHEST SURGERY MEDICAL CLEARANCE LETTER SAMPLE

Date:

RE:

DOB:

To Whom It May Concern:

Patient name is a patient in my care at **Facility/office** name. She originally established care with us on **Date**. **Patient name** has a transfeminine gender identity which is well established and stable. She notes she first knew her gender identity differed from his birth assigned sex at **age**. She has been consistently and successfully living in the gender role congruent with her identity since at least **date**, and she has been on consistent hormone therapy for at least 1 year (**date started**). By my independent evaluation, I have diagnosed her with Gender Dysphoria (ICD-10 F64.1/F64.9). She reports symptoms of anxiety, which she feels are exacerbated by his Dysphoria. She relates much of his Gender Dysphoria to her small breast size. **Patient name** has expressed a persistent desire for bilateral breast augmentation. She has sufficient social support to move through the surgical process. She has stable housing in **City** and has well developed plans for post-op recovery. I believe **Patient name** would benefit greatly both medically and psychologically from bilateral breast augmentation. This procedure has been defined as medically necessary by the World Professional Association for Transgender Health.

Additionally, **Patient name** is medically stable for surgery. Her medical history is unremarkable (or any medical conditions are reasonably well controlled), making her an excellent candidate for surgery. **Her BMI is** (required <37 for surgery). She does not smoke cigarettes or drink excessive alcohol, and is not at risk of or an active user of illicit drugs or drugs of abuse. She has no distracting or major psychiatric illnesses (or I verify that [psychotic disorders, bipolar disorder, major depressive disorder, borderline identity disorder, dissociative identity disorder, or substance abuse disorder] is/are well controlled).

Patient name has met the WPATH SOCv7 criteria for surgery. I feel she has capacity to provide informed consent for breast augmentation, and that she is ready, appropriate and medically clear for this procedure. I hereby recommend and refer **Patient name** for this surgery. Please feel free to contact me with any questions or concerns.

Sincerely,

X _____

Lic:

NPI:

DEA:

Sample Heart Surgery Letter

Canadian Medical Association



Sample Heart Surgery Letter:

Eventually, you will entirely discover a extra experience and finishing by spending more cash. yet when? realize you consent that you require to get those every needs considering having significantly cash? Why dont you try to get something basic in the beginning? Thats something that will guide you to comprehend even more just about the globe, experience, some places, in the same way as history, amusement, and a lot more?

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https://crm.avenza.com/files/publication/fetch.php/Sea_Doo_Gti_Le_Manual.pdf

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