

To whom it may concern:

RE: _____, _____, _____

This individual is under my care for the diagnosis of Gender Dysphoria which would lead to Gender Reassignment Surgery (GRS). As part of the necessary process, _____ is to live the real life experience and dress in the gender to which the assignment will be made. _____ is also receiving hormone therapy as part of the procedure, therefore is to be considered _____ and to be treated as _____ in all instances.

If you have need for additional information, or to speak to me personally, please contact me.

Sincerely,

Health Care Provider

License #