

Healthcare Provider Letterhead

[Date], 2023

Re: Current Legal Name of Client
Current Address of Client
DOB of Client

To Whom It May Concern:

I, [Doctor's Name], M.D./ D.O., [License #], [issuing state, country or jurisdiction of medical license], [DEA #], am the provider of record working with [Client Name]. I have a provider/patient relationship with [Client Name] and have treated this patient since [date].

I am a medical provider who practices according to the World Professional Association for Transgender Health.

This patient has had appropriate, permanent clinical treatment for gender transition to the new [male/female] gender.

All legal documentation including but not limited to Passport, Driver's License, Social Security Card, Birth Certificate and Work Identification should reflect the new gender.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct. If you need further information or have questions, please contact me at [address/phone/email].

Sincerely,

Doctor signature

Name, M.D./ D.O.
Date of Signature