

(Attending Physician's Official Letterhead)

I, (physician's full name), (physician's medical license or certificate number), (issuing State of medical license/certificate), am the attending physician of (name of patient), with whom I have a doctor/patient relationship.

(Name of patient) has had appropriate clinical treatment for gender transition to the new gender (specify new gender male or female).

Or

(Name of patient) is in the process of gender transition to the new gender (specify new gender male or female).

I declare under penalty of perjury under the laws of the United States that the forgoing is true and correct.

(Signature of Physician)

(Typed Name of Physician)

(Date)