[DATE]

To Whom It May Concern:

I, [PROVIDER NAME}, Washington State license [LICENSE NUMBER], am the medical provider of [CHOSEN FIRST NAME LAST NAME], (legal name [LEGAL FIRST NAME LAST NAME]), ​DOB XX/XX/XXXX, whom I have been treating for gender dysphoria since [MONTH AND YEAR]. To my knowledge, [CHOSEN FIRST NAME] has a history of [MEDICAL HISTORY LIST OR is not being treated for any other diagnoses], and is taking [MEDICATION LIST] in addition to the testosterone, which is detailed below. They [ENDORSE/DENY] use of any substances, including nicotine. Their current BMI is [# kg/m2].

[FOR PATIENTS ON TESTOSTERONE:] This patient has had appropriate clinical treatment for gender transition to [AFFIRMED GENDER], including hormonal therapy using testosterone. They have adhered to a continuous hormonal therapy treatment plan as prescribed starting [MONTH AND YEAR]. They have achieved the desired outcomes of testosterone therapy, which have included deepened voice, male hair growth and increased muscle mass. I believe that gender affirming mastectomy is an important next step in their gender transition.

[FOR PATIENTS ON ESTRADIOL:] This patient has had appropriate clinical treatment for gender transition to [AFFIRMED GENDER], including hormonal therapy using [estradiol AND/OR anti-androgens]. They have adhered to a continuous hormonal therapy treatment plan as prescribed starting [MONTH AND YEAR]. They have achieved the desired outcomes of [estrogen therapy, which have included breast development, body fat redistribution, and softer skin AND/OR anti-androgen therapy, which have included decreased hair growth on face and body, decreased muscle mass, and decreased acne]. I believe that [TYPE OF SURGERY] surgery is an important next step in their gender transition.

[FOR PATIENTS NOT ON HORMONES:] This patient has had appropriate clinical treatment for gender transition to [AFFIRMED GENDER]. They have not taken hormonal therapy as that has not aligned with treatment goals. I believe that [TYPE OF SURGERY] surgery is an important next step in their gender transition.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct. Please do not hesitate to contact my office with any questions.

Sincerely,

[WET SIGNATURE]

[PROVIDER NAME]

[TITLE]

[CONTACT INFO]