

[PHYSICIANS LETTERHEAD]

I, **physician's full name, physician's medical license or certificate number, issuing U.S. State/Foreign Country of medical license/certificate**, am the physician of **current legal name of patient**, aka **new legal name of patient** with whom I have a doctor/patient relationship and whom I have treated.

Name of patient has had appropriate clinical treatment for gender transition to the new gender **male/female** and is irrevocably committed to this change.

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

Signature

Typed Name

Date

NOTES TO PREPARING PHYSICIAN/STAFF:

- 1) This letter must be worded exactly as above, please do not make ANY changes
- 2) Do not add any additional information, the three agencies requiring this information do not want any additional information
- 3) The physician licensing information is critical, and two of the three agencies will reject the letter without them.
- 4) To complete, copy to doctor's letterhead and replace red text with the appropriate information.
- 5) **This format supersedes any and all other formats that have been published by SAGA prior to 10/28/15.**