



LAKEVIEW PLASTIC SURGERY

Alison Shore, MD

(Must be on practitioner's official letterhead)

Dr. Alison Shore
Lakeview Plastic Surgery
3000 N. Halsted St.
Suite 707
Chicago, IL 60657

Dear Dr. Shore:

I am writing this letter in support of my client **[legal name and date of birth]**, who goes by **[preferred name]**, to undergo chest reconstruction surgery (**[bilateral mastectomy or breast augmentation]**) for the purposes of gender affirmation.

[Name] is a **[transmasculine/transfeminine/nonbinary]** person who uses **[X]** pronouns. I began seeing **[name]** on **[date]** for individual psychotherapy, and have met with them regularly on a weekly basis since then. Based on a thorough knowledge of their history and presentation, I have no hesitation in making this referral.

[Name]'s gender identity is stable and consistent. They show a capacity to make a fully informed decision and to consent to treatment, with no contraindications from a mental health standpoint.

[Name] has been diagnosed with **[insert condition(s)]**, which are stable and controlled, and do not interfere with the ability to provide informed consent.

They demonstrate a clear understanding of the potential risks and benefits of this surgery and are able to articulate realistic expectations regarding aftercare, recovery and results.

[Name] meets diagnostic criteria for gender dysphoria as defined by the DSM-V. Current best practices dictate that surgery and other medical intervention to enable people to experience great cohesion between identity and physical presentation are appropriate, and patients seeking treatment must be able to access these services.

Please feel welcome to contact me with questions or concerns, or if I can be of further help.

Sincerely,

[Signature]

Name of Practitioner
License number
Title
Company