

To whom it may concern:

I, *NAME, CREDENTIALS*, (*STATE* license number ***), am the physician of *PATIENT NAME*, whose medical history I have reviewed and evaluated and whom I have treated for *TIME*. (or "treated since *DATE*")

NAME is in the process of transition to *GENDER*, and has had appropriate clinical treatment for legal document change to be appropriate at this time.

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

Sincerely,
