

Sample Physician's Letter for Travis County Gender Marker Court Order

[Letterhead]

[Date]

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:

[Patient's chosen name], (Legal Name: [Patient's current legal name, if different]), DOB: [Patient's DOB], [whom I have treated OR whose medical history I have reviewed and evaluated].

[Patient's chosen name] has had appropriate clinical treatment for transition to the new gender/sex of [male/female]. [Patient's chosen name] has been a patient of [mine OR physician's organization, if any] since [Date of patient's first appointment].

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]