

I, _____ Doctor Name _____, license # _____, by the state of Nevada, have a provider/patient relationship with _____ patient name _____ whose medical history I have reviewed and evaluated.

____ Patient Name _____ has had appropriate clinical treatment for gender transition to the new gender of: ____ Male/Female _____

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

Signature of Physician

Date