

 CHC Hilltop Medical Clinic

 1202 Martin Luther King Jr. Way

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February 13, 2018

Re*: Preferred name (Legal name) Last name*

*DOB: xx/xx/xxxx*

To Whom it May Concern:

I am a provider licensed to practice medicine in the state of Washington. *Preferred name (Legal name)* is a patient in our practice. She is a transgender female who has undergone appropriate medical treatment and should be allowed to live in the gender role appropriate for her. Please change the gender listed on this patient’s identification documents to reflect female gender.

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

Sincerely,

Your name here, MD

License # XXXXXXXXX