Transgender Surgery Pre-Operative Checklist

Each step of the following checklist must be performed prior to surgery. Please know, it is the responsibility of the patient to make sure all of these documents are forwarded to our office by their healthcare provider.

Please Note:
It is required* that all patients:
1. Provide a full and 100% accurate account of your entire medical history
2. Inform our staff if they fit either of the following criteria:
   a. Weight Exceeding 280lbs
   b. Allergic to Latex
3. Are accompanied by someone before during and after surgery
4. Avoid leaving town for 1 week
   * These guidelines are necessary to ensure a smooth operation and safe recovery. Omitting any information is likely to result in delays and complications

☐ Provide a copy of your drivers license
☐ Print and sign a copy of the Financial Policy document
☐ Obtain a letter from your Primary Care Physician or Gender Therapist
   A single signed letter is required for breast surgery and must state "Chest Surgery is the next step in the Transition Process". The letter should indicate the following about the patient:
   1. The duration of the physician/therapist’s relationship with the patient, including the types of therapy/counseling provided
   2. A summary of the patient’s general identifying characteristics
   3. Legal age of consent in specified country
   4. Indication of a history of depression relating to gender identity
   5. Indication that patient is mentally capable of making an informed decision consenting to treatment
   6. Medical or mental health concerns. If present, letter should indicate that these concerns are controllable
   7. Full assessment of the patient’s psychosocial behavior, with results and diagnoses (if any)
   8. A brief description indicating the basis for supporting the patient’s request for transgender surgery
   9. A statement asserting that informed consent has been given by the patient
   10. A statement affirming that the physician/therapist will be available by phone to coordinate any details pertaining to pre/post-op care

☐ Medical Clearance
   A physical examination by an M.D. or D.O. licensed physician must be performed 3 weeks prior to the date of surgery

☐ Lab Work
   Performed 3 weeks prior to the date of surgery

☐ Be mindful that photography and/or video recording is allowed only during the revealing of your post-op chest surgery. Photography, Video, and Audio recordings are NOT permitted prior to surgery.