Physician Certification of Treatment
Amendment of Passport
Form A

To Whom It May Concern:

I, __________________________, am the attending physician of __________________________, with whom I have a doctor/patient relationship. This letter is to inform all concerned that the above-named patient has had appropriate clinical treatment for gender transition to the new gender of __________________________.

Indicate Male or Female

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

Sincerely,

______________________________  ________________________________
Physician Signature / Date      Physician Printed Name

______________________________  ________________________________
Medical License / Certificate Number  Issuing US State or Country

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Drug Enforcement Administration #