

# PRIMARY CARE PROVIDERS

**Primary Care Providers (PCP) should send in a request for a consultation. The request should include the following information in the form of a letter or as part of a clinical note:**

- PCP's full support for patient to undergo this surgery
- Current medication list
- Current problem list
- Current allergy list
- Length of time the patient has taken supervised hormone therapy (should be for at least 12 months, unless this is medically contraindicated)
- Length of time of the PCP/patient relationship and date of most recent PCP visit (should be within 12 months)
- Specify the exact surgery name

**For internal requests/referrals, providers may use the Epic system and submit to department specialty: Ambulatory Referral to the Center for Transgender Medicine and Surgery.**

**Consult requests and patient information may be sent to us via one of the following ways:**

**Preferable, FAX: 617.414.7158**

- Cover letter for fax should be addressed to: Center for Transgender Medicine and Surgery

**MAIL:** Boston Medical Center  
Center for Transgender Medicine and Surgery  
One Boston Medical Center Place, Boston, MA 02118

**SECURE EMAIL:** [transgender.center@bmc.org](mailto:transgender.center@bmc.org)

Please don't hesitate to contact us with questions.