

# 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)

**Consult requests and patient information may be sent to us via email, fax or mail:**

**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  
Preston Building, 3rd Floor, Room 3031  
732 Harrison Avenue, Boston, MA 02118

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

You may also download a copy of this guideline from our website at: [www.bmc.org/center-transgender-medicine-and-surgery](http://www.bmc.org/center-transgender-medicine-and-surgery).

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

Please don't hesitate to contact us with questions.