

You are receiving this mailing because you have expressed interest in learning more about Chest Reconstruction at Boston Medical Center (BMC).

Enclosed you will find the pre-operative support letter requirements.

Also, your insurance may require referrals. Have your Primary Care Provider's office send in the following 2 referrals, each for 6 visits valid for 1 year:

- BMC – Facility, NPI #1346218294
- Dr. Jaromir Slama – Plastic Surgery, NPI #1518994086

We suggest you sign up for MyChart for direct online access to portions of your electronic medical record, including details of past or upcoming appointments, appointment reminders, connecting with your provider to ask a non-urgent medical question and other features. Visit [mychart.bmc.org/mychart](http://mychart.bmc.org/mychart) to sign up. For an access code, contact 617-638-3535 or [mychartaccess@bmc.org](mailto:mychartaccess@bmc.org).

Please don't hesitate to contact us with any questions. We look forward to working with you.

Sincerely,

Center for Transgender Medicine and Surgery Team

Tel: 617-638-1833

Email: [Transgender.center@bmc.org](mailto:Transgender.center@bmc.org)

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