

## REQUIREMENTS FOR PRIMARY CARE PROVIDERS REFERRING PATIENTS FOR HYSTERECTOMY AT BOSTON MEDICAL CENTER

Primary Care Providers (PCP) should send a request for a consult to discuss future possible hysterectomy to Dr. Shannon Bell. Consult requests may be faxed or mailed. You may send us a patient for an initial consult for surgery without sending complete clinical information, but please make sure we have on hand the following in the form of a support letter or list of clinical notes:

- Your full support for your patient to undergo this surgery
- Current medication list
- Current problem list
- Allergy list
- Length of time of the PCP/patient relationship and date of most recent PCP visit (should be within 12 months)

**Support letters should be addressed to Dr. Shannon Bell.**

Consult requests may be sent to us via email, fax or mail:

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

FAX: 617-414-7158

Cover letter for fax 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 Ave, Boston, 02118

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)

Please don't hesitate to contact us with questions.

Sincerely,  
*The BMC Transgender Center for Medicine and Surgery Team*

Phone: 617-638-1833

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