

REQUIREMENTS FOR PRIMARY CARE PROVIDERS REFERRING PATIENTS FOR ORCHIECTOMY AT BOSTON MEDICAL CENTER

Primary Care Providers (PCP) should send a request for a consult to discuss future possible orchiectomy to Dr. Robert Oates, one of two surgeons who together perform orchiectomy. 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:

- 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)
- Length of time the patient has taken supervised hormone therapy (should be for at least 12 months, unless this is medically contraindicated)
- List of your most recent clinical notes

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

EMAIL: 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

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