

**REQUIREMENTS FOR PRIMARY CARE PROVIDERS REFERRING PATIENTS  
FOR NO-DEPTH VAGINOPLASTY OR “GENITAL REMODELING” AT BOSTON MEDICAL  
CENTER**

Primary Care Providers (PCP) should send in a request for a consult to discuss future possible no-depth-vaginoplasty or “genital remodeling.” The consult should include the following information in the form of a letter or as part of a clinical note:

- 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)

Your patient’s insurance may require referrals for care at BMC. Please have your office submit 3 referrals for 6 visits within a year:

- BMC – Facility, NPI #1346218294
- Dr. Jaromir Slama – Plastic Surgery, NPI #1518994086
- Dr. Robert Oates – Urology, NPI #1275505000

Consult requests and patient information 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)

For internal referrals, you may use the Epic system and submit a request to department specialty: Transgender Medicine.

Please don’t hesitate to contact us with questions.

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

Phone: 617-638-1833

