

REQUIREMENTS FOR PRIMARY CARE PROVIDERS REFERRING PATIENTS FOR NEO-VAGINOPLASTY OR ORCHIECTOMY AT BOSTON MEDICAL CENTER

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

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, Attn: Supraja Narasimhan

MAIL:

Boston Medical Center

Attn: Supraja Narasimhan, Center for Transgender Medicine and Surgery

Shapiro Building

725 Albany Street, 7th Floor, Suite 7B

Boston, MA 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