

Transgender Surgery Pre-Operative Checklist

Each step of the following checklist **must** be performed prior to surgery. Please know, **it is the responsibility of the patient to make sure all of these documents are forwarded to our office** by their healthcare provider

Please Note:

It is **required*** that all patients:

1. **Provide a full and 100% accurate account of your entire medical history**
2. **Inform our staff if they fit either of the following criteria:**
 - a. **Weight Exceeding 280lbs**
 - b. **Allergic to Latex**
3. **Are accompanied by someone before during and after surgery**
4. **Avoid leaving town for 1 week**

*** These guidelines are necessary to ensure a smooth operation and safe recovery. Omitting any information is likely to result in delays and complications**

Provide a copy of your drivers license

Print and sign a copy of the Financial Policy document

Obtain a letter from your Primary Care Physician or Gender Therapist

A single signed letter is required for breast surgery and **must state "Chest Surgery is the next step in the Transition Process"**. The letter should indicate the following about the patient:

1. The duration of the physician/therapist's relationship with the patient, including the types of therapy/counseling provided
2. A summary of the patient's general identifying characteristics
3. Legal age of consent in specified country
4. Indication of a history of depression relating to gender identity
5. Indication that patient is mentally capable of making an informed decision consenting to treatment
6. Medical or mental health concerns . If present, letter should indicate that these concerns are controllable
7. Full assessment of the patient's psychosocial behavior, with results and diagnoses (if any)
8. A brief description indicating the basis for supporting the patient's request for transgender surgery
9. A statement asserting that informed consent has been given by the patient
10. A statement affirming that the physician/therapist will be available by phone to coordinate any details pertaining to pre/post-op care

Medical Clearance

A physical examination by an M.D. or D.O. licensed physician must be performed 3 weeks prior to the date of surgery

Lab Work

Performed 3 weeks prior to the date of surgery

Be mindful that photography and/or video recording is allowed only during the revealing of your post-op chest surgery. Photography, Video, and Audio recordings are NOT permitted prior to surgery.