

Please let our office know *at your earliest convenience* if you'd like to receive letters after surgery to assist you in verifying your gender marker and any other gender related instances that may come up (passport, birth certificate, driver's license, etc.) Dr. Fischer also has a letter of support for future surgeries in her patients' transition (Hysterectomy, Bottom Surgery, etc.). At your request, we will generate that letter for all compliant patients.

The letters are \$20 each (includes notary fee & processing fee). As this is an outside entity, you must give cash, check, or money order payable to CAITLIN SPOSATO. Make payment at your PRE-OP appointment if you'd like to take them home with you the day of surgery.

Feel free to contact CAITLIN SPOSATO directly: Caitlin@BeverlyFischer.com

Please verify your information for your notarized GENDER AFFIRMATION LETTER(S):

FULL BIRTH NAME (include middle): \_\_\_\_\_

FULL CHOSEN NAME (include middle): \_\_\_\_\_

**ADVANCED CENTER FOR PLASTIC SURGERY**

**BEVERLY A. FISCHER, M.D.**

12205-12207 Tullamore Road Timonium, MD 21093

Office # (410)308-4700 / Fax # (410)308-4704

Plastic, Reconstructive, and Cosmetic Surgery

Medical License #: **D0037263** (Issued by the State of Maryland)

DEA#: **BF0928777**

RE: Name of Patient

I, (Beverly A. Fischer, M.D.), am a licensed healthcare provider in good standing in Maryland. My professional license number is **D0037263**.

I am a healthcare provider for (Name of Patient) (Patient's full birth name) with whom I have a healthcare provider/patient relationship and whom I have treated or whose medical history I have reviewed and evaluated. I hereby certify that this patient underwent surgery for the purpose of gender transition based on contemporary medical standards. The gender affirming surgery was complete and successful and the patient is now fully functioning within the newly assigned gender.

In my professional opinion, the individual's gender designation on their birth certificate should be changed to male. I **declare under penalty of perjury under the laws of the United States that the foregoing is true and correct and acknowledge and understand that any person who willfully or negligently makes a false certification is subject to civil fines, penalties, and fees.**

Sincerely,  
Beverly A. Fischer, M.D.

Advanced Center for Plastic Surgery  
12205-12207 Tullamore Road  
Timonium, MD 21093  
410 308-4700

STATE OF MARYLAND  
COUNTY OF HARFORD

I certify that I know or have satisfactory evidence that Beverly A. Fischer, M.D. signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in this instrument.

DATE this \_\_\_\_\_ day of \_\_\_\_\_, 2017.

\_\_\_\_\_  
Notary Public in and for the State of  
\_\_\_\_\_ residing at:

My commission expires: \_\_\_\_\_

**(THIS IS A TEMPLATE)**