



Division of Adolescent Medicine
 3333 Burnet Ave, MLC 15002
 Cincinnati, OH 45229-3039
 Phone (513)636-4681 Fax(513)636-7844

1st visit
 Diagnosis on
 paperwork
 is
 "Dysmenorrhea"

[Redacted] 2016

RE: [Redacted]
 DOB: [Redacted]

To Whom It May Concern:

I am a physician licensed to practice medicine in the state of Ohio. I have personally evaluated [Redacted].

[Redacted] is a transgender person who goes by [Redacted] and uses male pronouns (he/him/his). He has been diagnosed with Gender Dysphoria (ICD-10 Diagnosis Code F64.9). Part of the treatment in young people with severe gender dysphoria, as [Redacted] has, involves allowing him to live in the gender role appropriate to his true psychological gender, which in [Redacted] case is male.

[Redacted] is under my care and is following the accepted process of transitioning to be male. It is imperative to the health and well-being of people with this complex medical condition that they be allowed to live life fully in the appropriate gender role. Please extend him the same rights and privileges as you would any other male.

When young people are gender-segregated for any reason or activity, it is crucial that [Redacted] be allowed to participate with adolescent males his own age. Sex-segregating him with females could potentially cause irreparable psychological damage. Please allow [Redacted] to have a private place to change clothes and shower for gym. Please allow him to use the male staff single stall restroom and provide him with a key.

Please use current photographs of [Redacted] any time there is a display, presentation, or activity that requires a photo. Please use a current photo of him in the school year book.

It is also imperative that [Redacted] confidentiality be protected. Revealing his transgender status is not only potentially psychologically damaging, it would compromise the confidentiality of his private medical history.

Thank you in advance for your help in providing [Redacted] a supportive and healthy environment. If you have any questions or concerns, please do not hesitate to contact me either at my office (513) 636-4681 or, if urgent, at my cell phone number (740) 818-9791.

Sincerely,

Lee Ann E. Conard

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