**Discharge Letter**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear patient,

You were referred to our Endocrinology Clinic for assessment of your **masculinizing hormone therapy**. At this time, you no longer need follow-up at our clinic.

This letter includes details about your current hormone therapy and care instructions. Please follow up with your primary care provider. They will also receive a report with this information.

**Current hormone therapy**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Make sure you continue your hormone therapy if you have had both ovaries removed.

**Care instructions**

Make sure you get the following exams and tests done through your family doctor’s office:

1. Once a year: Weight, blood pressure, blood tests including CBC, lipid profile, HbA1c
2. Please discuss the need for birth control, if applicable
3. Cancer screening: discuss with your doctor the need to get a pap test every 3 years if you are sexually active, age 25-69 years, and you have a cervix
4. Bone density test: if you are older than 65, or earlier if you have a high-risk of bone loss (for example, stopping hormone therapy after both ovaries were removed)

If you want to stop or change your hormone therapy, discuss with your family doctor whether you need referral back to an endocrinologist for further assessment.