

# BROWNSTEIN & CRANE SURGICAL SERVICES

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## Physician's Declaration Request Form PATIENT'S INSTRUCTIONS

PLEASE DO NOT LEAVE ANY BLANK SPACES

I, the undersigned \_\_\_\_\_, hereby request Brownstein & Crane Surgical Services to prepare declaration of physician letter(s) with the information provided below:

Current legal name, as identification documents indicate: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birth Name: \_\_\_\_\_

Date of Surgery: \_\_\_\_\_ Name of Dr. who performed procedure: \_\_\_\_\_

Gender assigned at birth: \_\_\_\_\_ Gender Identity: \_\_\_\_\_

Current Phone Numbers: \_\_\_\_\_

Please send requested letters to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Number of letters requested: \_\_\_\_\_ x \$25.00 (per letter) =

Total \$ \_\_\_\_\_

The above total should be made payable to: **Brownstein & Crane Surgical Services** in the form of money order, cashier's check, or cash ONLY. **Please no personal checks.**

Notarization of these letters is available for \$10 per signature and payable to: **Brownstein & Crane Surgical Services**, in the form of money order, cashier's check, or cash ONLY. **Please no personal checks.**

The following number of letters to be notarized will be: \_\_\_\_\_ x \$10.00 (per signature) =

Total \$ \_\_\_\_\_

Enclosed please find two separate payments to the above entities mailed to:

Brownstein & Crane Surgical Services  
575 Sir Francis Drake Blvd, Ste 1  
Greenbrae, CA 94904

PATIENT SIGNATURE \_\_\_\_\_

PATIENT NAME (please print) \_\_\_\_\_

DATE \_\_\_\_\_

\*\*\*NOTE: We request and include the birth name in the physician's declaration letter in the event that there are any past documents still associated with the name. If you do not want the birth name stated in the letter please let us know on the "birth name" line.