

[Your Name]
[Your Title]
[Your Organization]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title]
[Recipient's Organization]
[Recipient's Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Referral for Tuberculosis (TB) Testing

I am writing to refer [Patient's Full Name], a [Patient's Age] year-old [gender] who presents with [brief description of symptoms or reasons for referral, e.g., persistent cough, contact with TB patient, etc.].

Given the potential risk factors and symptoms, I recommend a thorough evaluation for tuberculosis. Please find the relevant medical history and examination details attached for your review.

I appreciate your assistance in facilitating this referral. Please feel free to contact me if you need further information regarding this patient.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Credentials]

[Your Organization]

Attachments: [List any attached documents, if applicable]