

[Your Organization's Letterhead]

[Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

Subject: Tuberculosis (TB) Test Screening Appointment

We hope this letter finds you well. As part of our commitment to maintaining the health and safety of our community, we are reaching out to inform you of an important Tuberculosis (TB) test screening.

****Appointment Details:****

Date: [Insert date]

Time: [Insert time]

Location: [Insert address of the screening site]

The TB screening test will involve a simple procedure that is essential for early detection and prevention. Please allow approximately [insert duration] for your appointment.

****What to Bring:****

- Photo identification
- Insurance card (if applicable)
- Any relevant medical records

If you have any questions or if you are unable to attend this appointment, please contact our office at [insert phone number] or [insert email address] at your earliest convenience.

Thank you for your attention to this important health matter.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Contact Information]