

[Your Clinic's Letterhead]

[Date]

[Recipient Clinic Name]

[Recipient Clinic Address]

[City, State, Zip Code]

Dear [Recipient Clinic Name/Health Provider],

Subject: Notification of Tuberculosis Treatment Initiation

We are writing to inform you that the following patient has been initiated on tuberculosis (TB) treatment:

****Patient Name:**** [Patient's Full Name]

****Date of Birth:**** [Patient's DOB]

****Patient ID:**** [Patient ID]

****Diagnosis Date:**** [Date of Diagnosis]

****Treatment Start Date:**** [Date Treatment Initiated]

The treatment regimen includes:

- [List of medications prescribed with dosages]
- [Any special considerations or instructions]

Please ensure continued communication regarding this patient's progress and any potential side effects. We appreciate your collaboration in managing the care of this patient.

If you have any questions or need further information, do not hesitate to contact us at [Your Contact Information].

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Title]

[Your Clinic Name]

[Your Contact Information]