

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

Dear [Recipient's Name],

I am writing to highly recommend [Patient's Name] for your consideration in [specific program, care facility, etc.]. I have had the pleasure of working with [Patient's Name] during their treatment for tuberculosis, and I am confident in their resilience and commitment to their health. Throughout the course of their treatment, [Patient's Name] has demonstrated remarkable dedication to compliance with medical advice, attendance at appointments, and engagement in their care plan. They have shown a strong willingness to learn about their condition and have actively participated in discussions about their treatment options. [Patient's Name] is well-respected among their peers and has a positive attitude that encourages others in similar situations. Their ability to cope with the challenges of TB treatment speaks volumes about their strength of character and determination.

I wholeheartedly support [Patient's Name] in their journey toward recovery and believe that they will thrive in your program. Should you require any further information or specifics, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for considering this recommendation.

Sincerely,

[Your Name]
[Your Title/Position]
[Your Institution/Organization]