

[Your Name]  
[Your Title/Position]  
[Your Institution/Practice Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Recipient's Name]  
[Recipient's Title/Position]  
[Recipient's Institution/Practice Name]  
[Recipient's Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Referral for Tuberculosis Care

I am writing to refer [Patient's Name], a [Age]-year-old [male/female], for evaluation and management of suspected tuberculosis (TB). The patient has presented with [briefly describe symptoms, e.g., persistent cough, weight loss, fever, etc.] and has a significant history of [any relevant history related to TB exposure or symptoms].

During the consultation on [Date of your consultation], the following findings were noted:

- [List any relevant lab results, imaging, or tests that support the referral]

- [Mention any previous treatments or interventions if applicable]

Given the clinical presentation and the potential for contagiousness, I believe that a comprehensive assessment and management plan from your specialized care team is essential. Please find enclosed [any relevant documents or test results].

Thank you for your assistance in providing the necessary care for [Patient's Name]. If you require any further information, please do not hesitate to contact me directly at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Title/Position]

[Your Institution/Practice Name]