

[Your Name]  
[Your Title/Position]  
[Your Clinic/Hospital Name]  
[Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Patient's Name]  
[Patient's Address]  
[City, State, Zip Code]

Dear [Patient's Name],

I hope this letter finds you well. I am writing to provide you with important information regarding your tuberculosis (TB) treatment plan. As we discussed during your last appointment, it is crucial that you adhere to the prescribed therapy regimen to ensure effective treatment and to prevent the spread of TB.

**\*\*Treatment Information:\*\***

- Medication Name(s): [List medications]
- Dosage: [Dosage information]
- Schedule: [Frequency and duration of treatment]

**\*\*Important Instructions:\*\***

1. Take your medication exactly as prescribed.
2. Do not skip doses or discontinue the medication without consulting your healthcare provider.
3. Attend all follow-up appointments for monitoring and support.

**\*\*Potential Side Effects:\*\***

Please be aware of the potential side effects of your medication, which may include: [List common side effects]. If you experience severe reactions or any concerning symptoms, please contact our office immediately.

**\*\*Follow-Up Care:\*\***

Your next appointment is scheduled for [Date and Time]. Please make sure to bring any questions or concerns you may have.

Thank you for your commitment to your health and for taking the necessary steps to treat your TB. We are here to support you throughout this process.

Sincerely,

[Your Name]  
[Your Title/Position]