

[Your Clinic/Healthcare Facility Letterhead]

[Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

Subject: Patient Consent for Tuberculosis (TB) Treatment Initiation
I, [Patient's Name], hereby give my consent for the initiation of treatment for tuberculosis (TB) as recommended by my healthcare provider. I understand that TB is a serious infectious disease, and timely treatment is essential for my health and the health of those around me. I have been informed about the nature of the TB treatment, its potential benefits, potential risks and side effects, alternative treatment options, and the importance of adhering to the prescribed medication regimen. I have had the opportunity to ask questions and have received satisfactory answers.

I acknowledge that I understand the following:

- The importance of completing the full course of treatment.
- The necessity of follow-up appointments and tests to monitor my progress.
- The implications of discontinuing treatment prematurely.

By signing this letter, I consent to the initiation of my TB treatment plan and agree to follow the instructions provided by my healthcare team.

Patient's Signature: _____

Date: _____

Healthcare Provider's Name: [Provider's Name]

Healthcare Provider's Signature: _____

Date: _____

Thank you for your attention to my health and well-being.

Sincerely,

[Your Name]

[Your Position]

[Your Contact Information]