

[Your Organization's Letterhead]

[Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Acknowledgment of Tuberculosis Treatment

We would like to acknowledge the commencement of your tuberculosis (TB) treatment. This letter serves to confirm that you have been enrolled in our TB treatment program effective [start date].

Your treatment plan includes the following medications:

- [Medication 1]

- [Medication 2]

- [Medication 3]

It is important to adhere to your prescribed treatment schedule and attend all follow-up appointments. Please do not hesitate to reach out to our healthcare team if you have any questions or concerns during your treatment.

Thank you for your commitment to your health and well-being.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Contact Information]