

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

Dear [Recipient's Name],

Subject: Tuberculosis Medication Guidance

I hope this letter finds you well. I am writing to provide guidance regarding the management and administration of tuberculosis (TB) medications for [Patient's Name/Patient's ID Number].

**\*\*Diagnosis:\*\***

- Confirmed diagnosis of active TB on [date].
- Relevant culture and sensitivity results: [insert results].

**\*\*Medication Regimen:\*\***

- **\*\*Initial Phase (2 months):\*\***

- Isoniazid (INH) - [Dosage and frequency]
- Rifampin (RIF) - [Dosage and frequency]
- Pyrazinamide (PZA) - [Dosage and frequency]
- Ethambutol (EMB) - [Dosage and frequency]

- **\*\*Continuation Phase (4-7 months):\*\***

- Isoniazid (INH) - [Dosage and frequency]
- Rifampin (RIF) - [Dosage and frequency]

**\*\*Monitoring:\*\***

- Regular follow-up appointments every [X weeks/months] for monitoring treatment adherence and side effects.
- Baseline and periodic liver function tests, sputum smear and culture monitoring as per standard protocols.

**\*\*Patient Education:\*\***

- Discuss potential side effects including but not limited to liver toxicity, gastrointestinal upset, and vision changes.
- Emphasize the importance of adhering to the full course of therapy to prevent drug resistance.

Please ensure that [Patient's Name] is aware of this regimen and understands the importance of compliance. Should you have any questions or require further assistance, do not hesitate to contact me directly. Thank you for your attention to this important matter.

Sincerely,

[Your Name]  
[Your Title]  
[Your Institution]